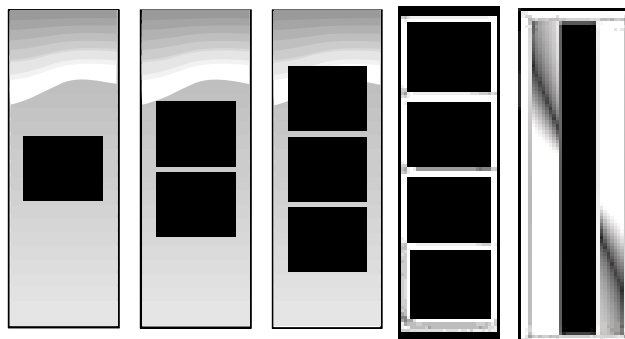


3 FEBRUARY 2009

UNITED STATES ARMY RESERVE

WARRANT OFFICER FLIGHT
APPLICATION

SAMPLE PACKET



Sample

Warrant Officer Flight Training Program Procedures **As of 1 October 2008**

1. The following guidance is provided to assist you in preparing Warrant officer MOS 153A Rotary Wing Aviator application packets for the Army Reserve.

2. Non-Waiverable Criteria:

- a. U.S. Citizen
- b. General Technician (GT) score of 110 or higher
- c. High School graduate or have a GED
- d. Secret, Interim Secret, or Continued Access Secret security clearance
- e. Pass the standard 3-event Army Physical Fitness Test (APFT)
- f. Meet height and weight standards
- g. Pass the Class 1A flight physical

3. Minimum Prerequisites: ARCD INTRANET web site provides current updates (https://usarcintra/rtd/accessions/wo_default.htm)

- a. Any MOS may apply.
- b. Applicant must be at least 18, but not have reached the 33rd birthday at the convening date of the DA selection board.
- c. Applicant must not have reached their 33rd Birthday upon beginning flight training.
- d. Applicant must score 90 or higher on the Alternate Flight Aptitude Selection Test (AFAST).
- e. Applicant must successfully pass a Class 1A Flying Duty Medical Examination (FDME) IAW AR 40-501 that has been approved by the Commander, US Army Aeromedical Center at Fort Rucker, AL.
- f. It is recommended, but not required, that applicants have a letter of recommendation from an Army Aviator in the rank of CW3 to CW5 or Major or above. If the unit commander or above is a field grade aviator, the aviator interview may be part of the commander's endorsement. In this case, the commander's endorsement must contain the same statement required for the aviator interview. Use a memorandum format and start with the statement: "I have interviewed (name) and find (he/she) has the needed personal characteristics, motivation, physical stamina, and qualifications to be appointed to US Army Reserve Warrant Officer and appears acceptable for selection into the WOFT program as a Warrant Officer Candidate". Applicants from other military services may be interviewed by a field grade aviator from their branch of service if an Army aviator is not readily available. Army aviators will conduct the interviews whenever possible.

Sample Cont:

4. Packet Preparation:

- a. Assemble the application using the sample packet as a guide. **DO NOT** send an incomplete application with plans to send the missing document(s) later. **DO NOT** use document protectors, binders, staples or **two sided copies**.
- b. DA Form 61 and DA Forms 3574/3575 are on PureEdge. Soldiers complete the DA Form 3574 on their first term of service, and soldiers on a subsequent enlistment complete the DA Form 3575.
- c. Applicants should submit the completed application to the Officer Accessions NCO (OANCO). The OANCO will screen the application for completeness, accuracy, and compliance with the minimum prerequisites. The OANCO will then send the complete packet to the Region Special Missions NCO for final quality control check (QC).
- d. All completed packets will be submitted to the Special Missions NCO at the Regional Retention Transition Office (RRTO). The RRTO Special Missions NCO will notify the Officer Accessions NCO of any discrepancies. Once discrepancies have been corrected, the Special Missions NCO will forward the packet to the Army Reserve Career Division (ARCD) Officer Accession Team for processing.
- e. The ARCD Officer Accession Team will forward aviation applications that require waiver(s) approval/disapproval to the Aviation Proponent at Fort Rucker. ARCD will return disapproved aviator applications to the Region Special Missions NCO with an explanation of disapproval. ARCD will prepare Fort Rucker approved applications and applications that do not require waivers for presentation to the next scheduled DA WO Board.
- f. Applications that are incomplete or need corrections will be held at the ARCD Officer Accession Team no more than 30 days after receipt, pending receipt of required corrections. ARCD will return applications to the Region Special Missions NCO after 7 days. The Region may resubmit the Warrant Officer application to ARCD upon completion.
- g. Applicants will be notified of the DA Warrant Officer Selection Board results through their Region. Custody of the accepted applicants records will be turned over to USARC Initial Military Training Management Team, who is also responsible for scheduling the applicant for the Warrant Officer Candidate Course (WOCC).

5. The WOFT packet is generally the same packet as used in applying for technical Warrant Officer MOSs, except for the following:

- a. **Alternate Flight Aptitude Selection (AFAST).** You should first try to schedule the AFAST through your education services officer. Next option is to schedule at the Military Entrance Processing Station (MEPS). Review DA Pamphlet 611-256-2 regarding AFAST for further information. If the test is taken at MEPS, the 417 ADP indicating the test score can be used for score verification.
- b. **Class 1A Flight Physical** must be approved and stamped by the Aeromedical Center at Fort Rucker, Alabama.

Sample Cont:

6. Class 1A Flight Physicals:

- a. Class 1A flight physicals are required for all flight applications. This physical is not the same as a Chapter 2 pre-commissioning physical. IAW AR 40-501, dated 1 February 2005, chapters 2 and 6 apply to Class 1A flight physicals. For flight training, Type B medical examination is needed to meet Class 1A flying duty medical fitness standards.
- b. Flight physicals are preferably done at a military installation that has a Flight Surgeon on staff. They can also be performed at MEPS or other military treatment facilities. All Class 1A Flight physicals, once completed, will be picked up by the OANCO and mailed to **Commander, USAAMC, ATTN: MCXY-AER, Ft. Rucker, AL 36362-5333**. 10 to 15 days after AEROMED receives the physical, it will be screened and either approved or disapproved and returned to the facility that conducted the physical (**Flight physicals that are performed by Flight Surgeon are electronically sent to AEROMED and will get results within 10 days**).
- c. Flight physicals from other branches such as Air Force or Navy will be accepted and will be mailed to AEROMED at the address in paragraph 2 above.

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[Warrant Officer MOS Prerequisite Quick Link](#)

Questions or comments contact [WO-TEAM](#)

Warrant Officer Prerequisites and Duty Description

153A - Rotary Wing Aviator

Duties:

Accession MOS used to feed into an armed reconnaissance, attack, utility, or cargo helicopter MOS. Operates and commands aircraft under tactical and non-tactical conditions. Operates aircraft during all types of meteorological conditions during the day, night, and under night vision systems. Performs all military aircraft operations (e.g., reconnaissance, security, gunnery, rescue, air assault, mine/flare delivery, internal/external load, and paratroop/rappelling operations). Performs aerial route, zone, and/or area reconnaissance in support of combat maneuver operations. Routinely participates in real time and train operations that include combat, combat support, or combat service support operations. Additionally, performs administrative or liaison missions to transport passengers, mail or cargo for military purposes. Maintains aviator flight requirements in accordance with appropriate aircraft Aircrew Training Manual.

Minimum prerequisites:

- Any MOS may apply.
- Be at least 18, but not have reached their 33rd birthday at the convening of the selection board.
 - *"Waivers will be considered for applicants with exceptional qualifications and only on a case by case basis"*
- Score 90 or higher on the Alternate Flight Aptitude Selection Test (AFAST).
- Successfully pass a Class 1 (warrant officer candidate) Flying Duty Medical Examination (FDME IAW AR 40-501 that has been approved by the Commander, U.S. Army Aeromedical Center.
- It is recommended, but not required, that applicants have a letter of recommendation from an Air Aviator in the rank of CW3 to CW5 or Major and above. If the unit commander or above is a field grade aviator, the aviator interview may be part of the commander's endorsement. In this case, commander's endorsement must contain the same statement required for the aviator interview. a memorandum format and start with the statement I have interviewed (your name) and find (he/she) has the needed personal characteristics, motivation, physical stamina, and qualification to be appointed a U.S. Army Reserve warrant officer and appears acceptable for selection into the WOFT program as a warrant officer candidate. Applicants from other military services may be interviewed by a field grade aviator from their branch of service if an Army aviator is not readily available. Army aviators will conduct the interviews whenever possible.
- Acceptance to Warrant Officer Flight Training (153A) will require attendance and successful completion of:
 - The U.S. Army Aviation Center Survival Escape Resistance and Evasion (SERE-C) course
 - Helicopter Ditching and Dunker trainer.

Note: The waiver authority for this requirement is the Commanding General, U.S. Army Aviation Center, Fort Rucker, AL 36362-5000.

Please contact the proponent POC below only for questions regarding ANY qualifications. Address all

other inquiries to the Warrant Officer Recruiting Branch.

POC: **CW4 Richard Ayers**

E-Mail: Richard.Ayers@conus.army.mil
334-255-1419
DSN 558-1419

POC: **Mr. John Kissel**

Aviation Proponent Warrant Officer Analyst
Email: john.kissel@conus.army.mil
DSN: 558-1430

Last Update: 10/13/2007

[Contact US](#)

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WARRANT OFFICER QUALITY CONTROL CROSS CHECKLIST

	Region						
As of 3 FEB 09	Rank/Name:						
<u>CATEGORY</u>	<u>ITEM</u>	<u>CHECK FOR:</u>	<u>YES/NO/NA</u>	<u>ANCO INITIALS</u>	<u>SP MSN INITIALS</u>	<u>RTD INITIALS</u>	<u>NOTES</u>
<u>CHECKLIST</u>	CHECKLIST	Is the USAR Fm 135-R or 136-R properly filled out to include unit vacancy information?					
<u>PREREQUISITES</u>	MOS	Does Soldier hold feeder MOS? (check prerequisite sheet) If not, include Waiver Request.					
	APFT	Does Soldier take standard 3 event PT Test. If not, include Waiver Request, DA Fm 705 and physical profile Form 3349, Memo from 1st LTC in chain of command					
	Age	Does Soldier meet maximum age for accession for WMOS? If YES, include Waiver Request.					
	Grade	Does Soldier meet minimum grade for WMOS? (check prerequisite sheet) If not, include Waiver Request.					
	Experience	Does Soldier meet minimum (feeder MOS) experience for WMOS? (check prerequisite sheet). If not, include Waiver Request.					
		Does Soldier meet civilian experience for WMOS? (check prerequisite sheet) If YES, must include civilian appraisals.					
		Does Soldier have minimum supervisory experience for WMOS? If YES, cross check against NCOERS. If not, include Waiver Request.					
	Education	Does Soldier meet minimum civilian education requirements for WMOS? (check prerequisite sheet) If not, include Waiver Request.					
		Does Soldier meet English requirements for WMOS? (check prerequisite sheet)					
		TABE Test requirement: Must include test results. (check prerequisite sheet)					
	NCOES	Does Soldier meet minimum (feeder) NCOES requirement? (check prerequisite sheet). If NO, must include waiver.					
	Training	Does Soldier meet minimum training required for WMOS? (check prerequisite sheet) If YES, must include documents in packet.					
	Additional Testing	Does WMOS require AFAST, TABE, DLAB or any additional tests for WMOS? (check prerequisite sheet) If YES, must include test results.					
	Letter Of Recommendations (LOR)	Does Soldier have ALL required LORs for WMOS which applying for?					
	Security Clearance	Does Soldier have minimum required security clearance as required for WMOS? If NOT, soldier must have an Interim Security Clearance or continued access to go before the DA Selection Board. NOTE: Interim Clearance do not expire if issued by USARC G-2.					
DA Form 6256 or DOD 1304	WOFT ONLY	These are the forms showing the AFAST Scores.					
<u>DA Form 61 (Page 1)</u>	Item # 1	(X) Warrant Officer -Army Reserve					
	Item # 2	Enter AR 135-100					
	Item # 3	Always enter WO1					

Item # 5a	MOS CODE: Enter the WO MOS applying for; reference this from the Feeder MOS List. Example: 420A				
Item # 5b	Enter the MOS title that is printed on the MOS Prerequisite sheet. Human Resources Technician				
Item # 7	LAST NAME, First Name Middle Name (DOE, John Randall)				
Item # 8	Enter Rank (SSG)				
Item # 9a	Enter SSN (000-00-0000)				
Item # 10	Enter MOS held that feeds into a WO MOS; reference Feeder MOS List.				
Item # 11	Enter the total number of years of Active Duty -(This should match section II, block 18 of the 2a and #27 of DA 61 (Active Duty Time.)				
Item # 12	Self explanatory				
Item # 13	Enter the number of dependents under age 18;				
Item # 14	Enter date of birth as (14 JUN 67).				
Item # 15	Enter place of birth as: City County State (GA)				
Item # 16	Enter SEX; M-male, F-female.				
Item # 17	Enter the units complete military address to include the phone number and UIC. SOURCE DOCUMENT 2A.				
Item # 18	Enter complete address of applicant to include phone number, if no phone put NO PHONE.				
Item # 19	Not required if current mailing address is the same as permanent address.				
Item # 20	US Citizen should always be marked YES since you must be a US Citizen to apply.				
Item # 20a	Enter YES or NO; if applicant is a naturalized check the YES block then go to block b.				
Item # 20b	Self explanatory.				
Item # 20c	Enter the applicants certificate number showing he/she is a US Citizen, date and address of court must be included. Include Naturalization certificate.				
Item # 21a	Self explanatory.				
Item # 21b	Enter the Name and Location of High School; (Great High School, Anywhere, MI 49503).				
Item # 21c	Most Current College on top. Name, City, ST of College or University as; (Univ of MI, Smart, MI) if you need more room go to the next line. Each college listed must have a transcript, no internet/web page transcripts accepted, unofficial transcripts accepted, if on college stationary. Can list only the current college attending, if all colleges are rolled up on one transcript.				
Item # 21c(1)	Enter type of Degree; if degree has not been earned leave blank.				
Item # 21c(2)	Enter credits earned.				
Item # 21c(3)	Enter number of years attended.				
Item # 21c(4)	Enter the date graduated or will graduate as; (day/month/ year 15 11 2004).				
Item # 21c(5)	Enter major; if there is no major put (General).				
Item # 22a	Enter the highest level of military school; Should be a NCOES but if none put the highest military school (AIT); Enter as (US Army Support Institute,Ft. Sill, OK) Verify this with the DA Form 1059 and Section III block 22 of DA 2A and the DA Form 2-1 block 17.				

	Item # 22c	Enter the from month and year to month and year and (X) if completed. (i.e. From 08 03 To 08 03).					
DA Form 61 (Page 2)	Item # 24	X the appropriate box					
	Item # 25	Enter X					
	Item # 26	Enter no if applicable and applicant has not had fine over \$250. If yes, include Moral Waiver request, with supporting court documentation.					
	Item # 27	Active Military Service; Enter all active military service to include AGR and Mobilized time that produced a DD 214. Do not enter Basic and AIT unless over a year.(a. US Army or US Army Reserve (mobilized) or appropriate branch b.13 Jan 03 c. 15T30 e. SSG/AC (AC=Active Component); SSG/RC (RC=Reserve Component/National Guard) Most current on top.					
	Item # 28	Enter all Reserve time; This includes ARNG and other Branches of Reserve time. Same formatting applies as Item #27. Most current on top					
	Item # 30	Only list personal awards(e.g. AAM, MSM). If none leave blank					
	Item # 31a,b,c,d,e	Check the appropriate boxes.					
	Item # 32	Answer question; if NO then enter NO if YES Explain.					
	Item # 33	Answer question by putting an X in the appropriate box.					
DA Form 61 (Page 3)	Item # 40a	Enter the complete address of the employer with phone number ; If the phone number will not fit put it in the lower left hand corner of block 41 REMARKS. If the applicant is unemployed enter "UNEMPLOYED" .					
	Item # 40b	Enter the Job title. (Should match 2-1 item 26)					
	Item # 40c	Enter the month and yr when started and the month and yr ended or present. (Input dates for unemployed entries).					
	Item # 41	Enter the required PT/HT/WT statement with the Commander's Signature Block. (See Sample Packet) NO DELEGATION OF SIGNATURE AUTHORITY ON APFT STATEMENT. Must be signed by the commander, per DA Pam 601-6 para 1-4f. THE SOURCE DOCUMENT FOR THIS ENTRY IS THE DA FORM 705; MUST BE CURRENT PT TEST.					
	Item # 42	Enter the date and signature of applicant; Ensure this is on or after the PT Test. Original Signature					
DA Form 61 (Page 4)	DA Form 61 Page 4	DO NOT ENCLOSE; THIS PAGE IS NOT USED WITH WARRANT OFFICER APPLICATIONS.					
LETTERS OF RECOMMENDATION	Commanders Letter	Letter should come from the applicant's commander. The UA can sign for the commander if the memo of signature authority is enclosed in the packet. Refer to the sample in the Sample Packet. Ensure all letters of recommendation are addressed correctly and have POC information. If someone else signs for the commander, then ensure that the Commander's Signature Authority Memo is enclosed in the packet.					
	BN Commander Letter	Letter should be from the applicant's BN Commander In some units there is no BN CO, in that case get a letter from the first Field Grade officer in Chain of Command. Refer to the sample in the Sample Packet.					
	WO Letter	All applicants should have a letter from a Sr. WO in the MOS applying for to add strength to the packet. Check the MOS Prerequisite, most require this letter. A WO is not available contact your Sp MSN NCO for help in finding a WO who will provide a letter. These letters must have substance to them and must address the technical expertise of the applicant.					

	Other Letters	Other letters of recommendation are good but be sure they relate to the applicant's leadership or expertise in the field applying for.					
<u>WAIVERS</u>	Moral	Moral waivers are approved at HRC St. Louis. Any packet requiring a waiver needs to be at ARCD 60 days prior to the DA Board. See Sample Packet for moral waiver format. (Include court documentation, if no documentation, must so state in waiver request).					
	Age	Age waivers are sent to DA G1 for approval/disapproval; When asking for this type of waiver applicant should not be asking for any other type of waiver anything over 49 usually is not approved; Any packet requiring a waiver; needs to be at ARCD 60 days prior to the DA Board .					
	Medical	Medical waivers are sent to HQ USAREC, Any packet requiring a waiver; needs to be at ARCD 30 days prior to the DA Board . (Include supporting documentation from civilian doctor on medical condition. Include diagnosis, prognosis and a summary)					
	APFT	APFT waivers are sent to DA G3 for approval/disapproval; Any packet requiring a waiver needs to be at ARCD 60 days prior to the DA Board. Waiver requests must follow sample format and include current DA Form 3349, DA Form 705 & memo from 1st LTC in chain of command. Profile should match Chap 2 physical.					
	Prerequisite	Prerequisite waivers are approved/disapproved by the proponent in the WO MOS applying for these are done at the same time proponent is approving/disapproving the applicant. When requesting a prerequisite waiver be sure the request justifies why it should be approved;					
<u>DA PHOTO</u>	DA Photo	DA Photos are required. They should be done at a military facility. If the Soldier is deployed outside conus - any photo in BDUs/ACUs will be accepted. Check photo-does it look acceptable and do ribbons match block 9 of DA Form 2-1.					
<u>RESUME</u>	Resume	See the Sample Packet for format. Resume must be signed and dated by the applicant. Ensure the Objective is for the right MOS and the prerequisite title is the same. Check that the education level matches with Section III block 24 of the DA Form 2A. Assignment history should match DA Form 2-1 and NCOER's. Military Education should include all NCOES Courses and all courses that pertain to WOMOS.					
<u>DA FORM 2A</u>	DA Form 2A	Section I; blocks 1-8, 12, 14 & 16 make sure they are correct.					
	pen changes are acceptable	Section II: Check blocks 1,2,4,5,18,20 are correct.					
		Section III: Check blocks 1,7,8,9,10 (source document is the Chap 2 physical). Block 13,14,15 should match the DA Form 705 (PT Test). Block 19 should match JPAS. Block 22 should match DA Form 1059. Check blocks 23 - 25 should match resume.					
		Section IV: block 1 and 2 should match page 1 of DA 61 block 17.					
		Section V: Make sure blocks 3 and 5 are correct.					
		Section VII: Make sure applicant signed and dated form (Must be within 1 year).					
	DA Form 2-1	Block 1: Is name correct (crosscheck with DA 61).					
	pen changes are acceptable	Block 2: Is SSN correct (crosscheck with DA 61).					
		Block 5: List deployments Example: 0805 - 0306 Iraq; 8; TDY					
		Block 6: Is MOS correct. (Should match DA Fm 2A, Sec III, item 1)					
		Block 8: Is GT score 110 or higher. (Must have date and place)					
		Block 9: Do Ribbons match DA Photo.					

DA FORM 2-1 or ERB Item numbers will vary depending upon form date, Current Form May 2008		Block 17: Is NCOES and other civilian education and military schools correct; must match resume.				
		Block 18: Is Rank correct.				
		Block 20: Should match 2A Sec II, item 7.				
		Block 22: Must match Chapter 2 physical. Enter HT/WT Date of Exam & check Yes/No for glasses				
		Block 23: Place of Birth & Citizenship				
		Block 24: Dependents must be entered.				
		Block 25: Home of Record/Address should match DA Fm 2A item 14.				
		Block 26: Civilian Job info must be filled out; should match block 40- pg3 of DA 61. Include job title, duties performed, and the name of employer. Always check NO for critical occupation.				
		Block 31a or (32a depending on date of form) must match DA Fm 2A Section II item 10 and 31c or (32c depending on date of form) must match DA Fm 2A Section II item 9.				
		Blocks 32 and 33 (33 & 34 depending on date of form): Must be dated and signed by the applicant.				
		Block 34 (or 35 depending on date of form): Assignment history cross check against resume and NCOERs				
	NCOER Memo	MUST have if Soldier does not have 5 consecutive NCOER's; E-5's with less than 5 NCOER's must submit this memo.				
	NCOERs	Its best to get all required NCOERs from 2X Citizen. By doing this they are stamped as certified copy indicating that they are official records in the Soldier's file. (Do not stamp certified true copy).				
TRAINING	DA Form 1059	DA Form 1059s from all COURSES				
	Certificates	Provide any additional training certificates that support the applicants qualifications for the WMOS (i.e. ASE Certification, NOVELL Certification, etc...)				
	Transcripts	Ensure that the transcript supports any prerequisite for education. If a school is listed on the DA Form 61, Item #21c, the transcript should be included. No internet/web page transcripts accepted. Unofficial student transcripts are accepted on school stationary.				
SECURITY	Security Clearance Verification	JPAS Printout/If Soldier has interim then a printout from SMS is needed.				
	DA Form 3574 or 3575 (as applicable)	Enter AR 135-100 in first paragraph; Make sure bottom of form is filled out and signed. USE THE CORRECT FORM BASED UPON THE APPLICANT'S TIME IN SERVICE. Original Signature				
	Stmt of Understanding	Copy to letterhead and type the applicants name and SSN on bottom and have signed.				
CHAP 2 PHYSICAL	Chapter 2 Physical	Make sure it is certified true copy. Ensure it is a Chapter 2 commission physical. Must be within 18 months of DA Board Selection. Flight physicals must be stamped by Ft. Rucker Flight Surgeon. 2807-1: Check blocks 1,2,3,5 are filled in, and blocks 6a,b,c. 2808: BLOCK 15a,b,c are checked. Make sure it is marked commision, DAZ, or something that shows it is a Chap 2 Physical. 2808 - Block 74a - Must be checked "is qualified". Block 74b must be filled out completly. Block 81a must be signed by the Physician.				
	Stmt of Religious Practices	Have applicant sign and date.				
BONUS	DA 4856 and Bonus Paperwork	Check current SRIP list to confirm eligibility.				

<u>VACANCY</u>	Unit Vacany Report	Include unit vacancy report from REQUEST or, if the position needs to be loaded, include the Vacancy Load Sheet .					
<u>AGR</u>	DA Form 4856 AGR Counseling	AGR's must sign and date (If applicable).					
<u>SOLDIERS FROM OTHER BRANCHES</u>	DD Form 368	Request for Conditional Reselease (if applicable).					
<u>Print ANCO Name & Signature</u>							Date_____
<u>Print SP MSN NCO Name & Signature</u>							Date_____

Army Reserve Warrant Officer Flight Checklist

(For use of this form see USAR Reg 140-6; the proponent agency is AR-RTD)

RRC: _____ Rank: _____ WMOS: _____

Applicant's Name: _____

Unit Assigned: _____ UIC: _____ Unit Phone: _____

Unit Address: _____

Applicant is: USAR TPU _____ OTHER _____

YES NO

____ DA Form 61 (w/Commander's statement signed in Block 41)
____ DA Form 6256 or DOD 1304 (FAST or AFAST Scoring Worksheet)
____ Recommendation by Applicant's Unit Commander
____ Recommendation by Applicant's Battalion Commander
____ Interview Statement from a Field Grade Army Aviator
____ Statement of Aviation training and/or experience (*attach copies of pilot ratings, logbook*)
____ Other Letters of Recommendation
____ Waivers: Moral _____ Prerequisite _____ Age _____ Medical _____ BNCOC _____ APFT _____

____ DA Photo
____ Resume
____ DA Forms 2A and 2-1
____ DA Form 2166-8 (NCOERs for last five years)
____ NCOER Letter (for missing evaluations)
____ Training Certificates - MOS - Leadership
____ Transcripts
____ Security Clearance Letter (Clearance level, investigation, date initiated)
____ DA Form 3574 or 3575
____ Statement of Understanding
____ Initial Class 1 flight physical with aeromedical approval stamp by Ft. Rucker
____ Statement of Religious Practices
____ Is applicant mobilized?
____ UIC _____ Para _____ Line _____ Posn _____ WMOS _____ Grade _____
____ DA Form 4856 for Bonus Counseling
____ Warrant Officer Accession Bonus Documents

WOANCO/LRTNCO OF CREDIT: _____ Phone: _____

RRC/MSC: _____

I HAVE REVIEWED THIS APPLICATION:

SPECIAL MISSION NCO NAME: _____

SIGNATURE: _____

DCRO NAME: _____

SIGNATURE: _____

APPLICATION FOR APPOINTMENT

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED				2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable) AR 135-100					
<input type="checkbox"/>	<input type="checkbox"/>	COMMISSIONED OFFICER - REGULAR ARMY		3. GRADE FOR WHICH APPLYING (Reserve appointments only) WO1					
<input type="checkbox"/>	<input type="checkbox"/>	COMMISSIONED OFFICER - ARMY RESERVE		4. SOURCE OF APPLICATION (ROTC only)					
<input type="checkbox"/>	<input type="checkbox"/>	WARRANT OFFICER - REGULAR ARMY		<input type="checkbox"/>	DMG	DATE DESIGNATED:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WARRANT OFFICER - ARMY RESERVE		<input type="checkbox"/>	SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:				
<input type="checkbox"/>	<input type="checkbox"/>	OFFICER CANDIDATE SCHOOL		5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and title)					
6. BRANCH AND SPECIALTY PREFERENCES				a. MOS CODE					
Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS. USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.				b. MOS TITLE					
				153A Rotary Wing Aviator					
				PERSONAL DATA					
PREFER- ENCE	BRANCH	SPECIALTY	7. NAME (Last, first, middle)(Explain variations from birth certificate in Item 41)			8. GRADE	9a. SOCIAL SECURITY NUMBER		
			DOE, John Randal			SPC	123-45-9654		
			10. BRANCH (MOS if enl or wo)	11. TOTAL YRS ACTIVE SERVICE	12. MARITAL STATUS	13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE	9b. SELECTIVE SERVICE NUMBER		
			42A10	5	M	1	N/A		
			14. DATE OF BIRTH	15. PLACE OF BIRTH (City, county, state)		16. SEX	17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code)		
			12 Jan 70	Louisville Jefferson KY		M	0415 REGT 1 BN Det 1 (CO B&C) (W71102) 1750 E 29th St., Tucson, AZ 85713-1989 PHONE AND/OR AUTOVON NUMBER 555-555-1212		
			18. PERMANENT ADDRESS (Include ZIP Code)			19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code)			
			123 Forest Street Huberville, Ky 12395			N/A			
			PHONE (Include area code) 272-497-3215			PHONE (Include area code)			
			20. US CITIZEN	a. NATIVE	b. <input type="checkbox"/> NATURALIZATION	c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court)			
			<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> DERIVED	N/A			
			<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> IMMIGRANT				
			21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)						
			a. HIGH SCHOOL GRADUATE		b. NAME AND LOCATION OF HIGH SCHOOL				
			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Appletown High School, Appletown, TN 47612				
			c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA)		(1) DEGREE	(2) SEMESTER CREDITS EARNED	(3) YEARS ATTENDED	(4) DATE GRADUATED OR WILL GRADUATE	(5) MAJOR SUBJECT
			Univ of Louisville, Louisville, KY			3	1	3 6 2010	Business Administration
			LA Tech, Ruston, LA		B.S.	63	2	15 12 2007	Criminal Justice
			Johnson CC, Johnson, TN		A.A.	69	2	10 6 2000	Computer Networking
			d. SPECIAL EDUCATIONAL HONORS, SCHOLAR- SHIPS, ETC.		e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41)(Remarks)				
			Deans List						
22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED									
a. NAME OF SCHOOL		b. COURSE		c. DATES (Mo-Yr)		COMPLETED		d. IF NOT COMPLETED GIVE REASON	
				FROM	TO	YES	NO		
US Army Training Center Fort Jackson, SC		AIT 42A Human Resources		05 06	05 06	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY							b. ALAT SCORE (If applicable)		

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, attach affidavit)											
25. <input checked="" type="checkbox"/> I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.											
26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).											
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.											
27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)											
		a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT			
		FROM	TO								
ENLISTED											
WARRANT OFFICER											
COMMISS- SIONED											
f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES				g. DATE OF LAST ADL PROMOTION							
28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)											
		a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT			
		FROM	TO								
ENLISTED	Army Reserve	11 Oct 05	Present		42A10	SPC/RC					
WARRANT OFFICER											
COMMISS- SIONED											
29. SOURCE OF CURRENT COMMISSION (If applicable)						30. AWARDS (Do not list theater or service medals)					
ARNGUS: <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT <input type="checkbox"/> OTHER											
USAR: <input type="checkbox"/> ROTC <input type="checkbox"/> ROTC (ECP) <input type="checkbox"/> ROTC (SMP) <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT											
31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. OCS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)				YES	NO	d. APPOINTMENT IN REGULAR ARMY				YES	NO
AS A WARRANT OFFICER						AS A WARRANT OFFICER					
AS A COMMISSIONED OFFICER						AS A COMMISSIONED OFFICER					
e. IF ANSWER IS "YES", EXPLAIN FULLY											
32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment) No											
33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet). <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY				35. APPLICANTS FOR CHAPLAINS BRANCH ONLY	
BARS OF WHICH YOU ARE A MEMBER (Specify dates)				RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED	
36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY					
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL		c. DATES (Month and Year)	
LEVEL	TYPE			FROM	TO
INTERNSHIP					
RESIDENCY TNG					
SPECIALTY TNG					
d. SPECIALTY BOARDS			e. DATES OF CERTIFICATION (Day, Month, Yr)		
f. PLACE IN WHICH CURRENTLY LICENSED					
37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY					
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL			b. LOCATION		
c. DATES OF ATTENDANCE (Mo, Yr)		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year)	
FROM	TO				
f. POSTGRADUATE COURSES (Include courses at general hospitals, service schools, and short courses)					
(1) SUBJECT OR COURSE	(2) NAME AND LOCATION OF SCHOOL OR HOSPITAL		(3) SEMESTER CREDITS EARNED	(4) DATES OF ATTENDANCE (Month, Year)	
				FROM	TO
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates)					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)					
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS					
COURSE	DATES ATTENDED (Month and Year)		c. CAMP TRAINING		
	FROM	TO			
a. BASIC			(1) INSTALLATION (Basic)		COMPLETION DATE (Month, Year)
b. ADVANCED			(2) INSTALLATION (Advanced/Ranger)		COMPLETION DATE (Month, Year)
40. MAIN CIVILIAN EMPLOYMENT					
a. NAME AND ADDRESS OF EMPLOYER		b. JOB TITLE		c. MONTH AND YEAR	
Computer Warehouse, 555-555-5512 13 Fairview Avenue, Louisville, KY 40255				FROM	TO
				Feb 2001	Present
b. PRINCIPAL DUTIES (Describe briefly)					
Part time job, responsible for keeping books for growing computer company.					
41. REMARKS (Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)					
I certify that SPC John R. Doe successfully passed the APFT consisting of push-ups, sit-ups and two mile run with a score of 289, on 10 Oct 2008; the verified height is 72 inches and weight is 180 lbs.					
Body fat statement with Body Fat Work Sheet Attached. (Leave off statement if soldier does not have to be taped).					
Verifiers Signature Block					
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.		DATE	SIGNATURE OF APPLICANT		
		15 October 2008	Signed		

**PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A (REGULAR) OR
(RESERVE) COMMISSIONED OFFICER OF THE ARMY (AR 601-100, AR 145-1) (To be completed by PMS only)**

FROM: (Name and Address of Institution)

TO: (Appropriate Region Commander)

- a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ (Date)
- b. APPLICANT ☐ HAS ☐ HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.
- c. APPLICANT ☐ WILL HAVE ATTAINED ☐ WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.
- d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A ☐ REGULAR ☐ RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.
- e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ (Day, Month and Year)

DATE	BRANCH FOR ASSIGNMENT	SIGNATURE AND GRADE (PMS)
------	-----------------------	---------------------------

PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY (AR 351-5)

a. STATEMENT

TO: _____ DATE _____

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____

2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.

3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES

SIGNATURE

ORGANIZATION

TYPED NAME, GRADE AND TITLE

b. STATEMENT

TO: _____ DATE _____

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____

2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.

3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES

SIGNATURE

ORGANIZATION

TYPED NAME, GRADE AND TITLE



DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR: Chief, Army Reserve, Retention Transition Division (DAAR-RT),
1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Recommendation for appointment as a Warrant Officer (Last Name, First Name,
Middle Initial, 000-00-0000.

1. This letter is to provide Staff Sergeant John A. Doe my strongest endorsement for the Warrant Officer Candidate Program. SSG Does' proven technical skills coupled with his strong leadership make him an ideal candidate.
2. I judge SSG Doe a prime candidate based on the over twenty-four years of working with, evaluating, and mentoring intelligence warrants. During his mobilization supporting **OPERATION IRAQI FREEDOM**, he received General Officer recognition for his performance in a high op-tempo position that clearly demonstrated his ability to translate war fighter's needs into collectable intelligence requirements. SSG Doe is organized and detail oriented in every facet of his duty performance. SSG Doe volunteered for a tour with the National Geospatial-Intelligence Agency, applying his tactical knowledge and leveraging operational experience to broaden his professional competence in advanced geospatial-intelligence. Based on his experience, not often captured in a young Soldier, and communication skills, SSG Doe has been selected to deliver platform instruction at the National Geospatial-Intelligence College.
3. In summary, SSG Does' impressive credentials coupled with his poise, confidence, and dependability make him an outstanding candidate for the Warrant Officer Program. I submit this letter to the board with my highest recommendation and the utmost confidence that, if selected, SSG Doe will contribute immeasurably to the Warrant Officer Corps.
4. POC for this recommendation is the undersigned at (234) 679-3618 or (978) 654-7214, e-mail at john.b.jones@usar.army.mil.

(Signature)
JOHN B. JONES
CPT, MI, USAR
Commanding



DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0)
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR: Chief, Army Reserve, Retention Transition Division (DAAR-RT),
1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Field Grade Army Aviator Interview Statement

1. Reference to AR 611-85, paragraph 1.12, and an interview was performed to determine leadership potential and motivation to graduate from Aviation Warrant Officer Training.

2. This interview was conducted on the following soldier:

Rank and Name: Specialist John Randall Doe

Unit of Assignment: 356th Quartermaster Battalion
Address: 2012 Sandy Lane, Laurel, MS 39443-9085

Home Address: 6230 Grantham Road
City, ST: Meridian, MS 39301

3. During the interview with SPC John R. Doe, it was easy to determine that he/she possesses all the necessary tools to enter and complete the Aviation Warrant Officer Training Program. SPC Doe presented himself/herself with confidence and strong military bearing throughout the interview.

4. A review of his/her records indicated that SPC Doe possesses all of the necessary leadership skills required of a soldier that would be an asset to the Warrant Branch as well as Army Aviation.

5. I highly recommend SPC Doe be selected for the Aviation Warrant Officer Training Program. The applicant has the needed personal characteristics and qualifications to be a Warrant Officer Aviator.

6. Point of contact for this is MAJ Stephen M. Plane at Commercial (334) 255-1103, DSN 558-1103 or email at stephen.plane@rucker.army.mil.

STEPHEN M. PLANE
MAJ, AV
Executive Officer



DEPARTMENT OF THE ARMY
75TH COMBAT SUPPORT HOSPITAL
2720 33RD AVENUE
GULFPORT, MISSISSIPPI 39501-4848

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR Chief, Army Reserve, Retention and Transition Division (DAAR-RT),
1401 Deshler Street SW, Fort McPherson, GA 30330-2000

SUBJECT: Request for Prerequisite Waiver
Request for Age Waiver
Request for Active Federal Service Waiver
(Select the appropriate one)

1. I am requesting a waiver for the prerequisite of having one year of documented maintenance shop supervisory experience. **(State the type of waiver you are requesting)**. Example for an age waiver; requests for Active Federal Service Waiver; requests for Prerequisite Waiver (state the prerequisite you wish to waive).
2. Anyone can request a prerequisite, AFS or age waiver, but not everyone will get them approved. Give detailed explanation why you feel this waiver should be approved. Please note that waivers are approved only in unusual circumstances. Prerequisite waiver requests that do not give adequate justification, i.e. unusual skills, unique talents, special circumstances, etc. will probably be disapproved. With AFS waivers (required if you have 12 or more years AFS) or age waivers (required if you will be 33 or older for aviators or 46 or older for technicians, by the convene date of the board), the same principle applies and requests must be fully justified. Adequate justification might be: unusual circumstances, deployed for past year and unable to submit a packet, unusual skills, or unique talents. Asking for these waivers just because they are a part of the application will not result in approval.
3. Please continue to consider my application for Warrant Officer Candidacy.

(Signature)
JOHN R. DOE
SFC, USAR
000-00-0000

NOTE: A separate waiver request must be submitted for each prerequisite).



DEPARTMENT OF THE ARMY
75TH COMBAT SUPPORT HOSPITAL
2720 33RD AVENUE
GULFPORT, MISSISSIPPI 39501-4848

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR Chief, Army Reserve, Retention and Transition Division (DAAR-RT),
1401 Deshler Street SW, Fort McPherson, GA 30330-2000

SUBJECT: Request for Moral Waiver

1. Request a waiver for the following offense: DUI. **(indicate specifically what you were charged with. Do not simply list the Article number. You must request a moral waiver for any infractions listed on your enlistment contract or for any Article 15s, to include Summarized. A moral waiver is not required for traffic fines of \$250.00 or less. Do not include court costs).**
2. Date of the offence: 10 August 1998. **(Month and Year)**
3. Place of offence: Slidell, Louisiana **(City and State)**
4. Punishment imposed: Fined \$300.00 **(Fine amount, forfeiture amount, extra duty, letter of reprimand, etc.).**
5. Mitigating circumstances surrounding the charge: **(There are 3 points to address: (1) accepting responsibility for your actions, (2) the lessons learned, and (3) how you now contribute to your unit, community and military service).** The offence was committed while I was driving from a friends house to my residence. I submitted to a sobriety test and failed then locked up and released on bond. I was charged with DUI and received a 6 month suspended sentence and placed on probation for 2 years . I performed 32 hours of Community Service, attended a Driver's Improvement course and a Substance Abuse Program. Paid all Court Costs, documentation is included. I have accepted responsibility for the offence and have not driven after drinking since the arrest. I learned that criminal actions not only harm others but can also harm myself. I strive daily to live by the ARMY values and mentor my peers and subordinates to live by these values. I speak to young people at drill and in everyday life about drinking and driving. My experience lets my peers know the value of right from wrong. I encourage young people in the community to join the military, as it can enhance their values and life.

JOHN R. DOE
SFC, USAR
000-00-0000

**NOTE: A separate moral waiver request must be submitted for each offense.
(You will this this moral waiver request if you responded YES to Block 26 of the DA Form 61. If you responded NO, you do not need a moral waiver.)**

COURT DOCUMENTS FOR MORAL WAIVER

**APPLICANT MUST
STATE IF NO COURT
DOCUMENTS ARE
AVAILABLE IN MEMO
AND HAVE A MEMO
FROM THE COURTHOUSE
OR POLICE DEPARTMENT**



DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR: Chief, Army Reserve, Retention Transition Division (DAAR-RT), 1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Request for Exception to Policy Requiring Standard Three-Event Army Physical Fitness Test (APFT)

1. References:

- a. Army Regulation 350-1, Army Training and Education, paragraph 3-9b, 9 April 2003.
- b. Message, HQDA, DAMO-ZA, 23 June 2005, subject APFT Standards for Soldiers Enrolling in Warrant Officers Candidate School (WOCS) or Officers Candidate School (OCS).

2. I have a P2 profile with a PULHES of 112111. Physical Profile states no 2 mile run on APFT, may do alternate aerobic event of walk, swim or bike.

3. I feel in my case that the exception to policy should be considered. I have always done fairly well on all of my APFT'S (scores from 239 to 250) and I was getting ready for one when I re-injured my left knee. I consulted with my civilian doctor and a doctor from the 81st RRC and they both agreed that I tore my miscues joint and my ACL. Both doctors agreed that continuing running the 2 mile requirement for the APFT would cause more damage to my knee that what is already taken place and suggested the possibility of an alternate event. I was given a P2 profile from the 81st for the case at hand. I hand surgery on my left knee in November 04 and everything seems to be fine now and does not cause me any problems performing my duties as a Solider and in my civilian career. I am in excellent health and Fully Mission Capable what ever the job requirement is. I don't see any reason why I would not a strong asset the WARRANT OFFICER CORPS. I am a highly motivated and is very dedicated to the ARMY and to my fellow SOLIDERS.

4. I fully understand that applying for this exception to policy does not constitute an automatic approval. I further understand that I must be fully mission capable in the warrant officer specialty in which I am applying. I am fully worldwide deployable under this profile. **(This paragraph must be typed exactly as shown).**

Enclosure
DA Form 3349

JOHN R DOE
SSG, USAR
000-00-0000



DEPARTMENT OF THE ARMY
HEADQUARTERS AND HEADQUARTERS COMPANY
84TH UNITED STATES ARMY RESERVE READINESS TRAINING COMMAND
50 SOUTH O STREET
FORT MCCOY, WISCONSIN 54656-5137

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR Chief, Army Reserve, Retention and Transition Division (DAAR-RT),
1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Waiver Request Requiring Standard Three-Event Army Physical Fitness Test
(APFT) DOE, JOHN R., 000-00-0000

1. I endorse SFC Doe's request for requiring the standard three-event Army physical fitness test (APFT).
2. SFC Doe is fully deployable. He meets all physical requirements IAW AR 40-501 and is able to take and pass an approved APFT IAW FM 21-21. **There is no alternate event for the sit-up event.** SFC Doe meets height/weight standards IAW AR 600-9. SFC Doe is able to fully complete all aspects of training, to include all road marches in the prescribed gear and uniform.
3. SFC Doe has demonstrated the overall skills, knowledge and leadership capabilities necessary for becoming an outstanding Technical Warrant Officer or Direct Commission Officer. SFC Doe has held numerous positions with the 84th and is highly respected from his peers, officers and enlisted soldiers within the unit. SFC Doe constantly strives for perfection and sets the example for others to follow.
4. **The letter of recommendation by the first 0-5 in the chain of command should support the request and state that the applicant is physically capable of completing training and is fully deployable. Request must address the critical needs and the negative impact on the Command's ability to support the Army's war effort and transformation. It should also address that all viable means to fill the vacant position have been exhausted. Specific, quantifiable comments about the Soldier's character and tactical and technical competence should be identified to support this request.**
5. **SFC Doe currently has a PULHES of 131111, and does not conduct the sit-up event (currently there are no alternate events), due to not being able to keep his fingers interlocked on his neck. SFC Doe can conduct all of his duties as a Human Resource NCO efficiently and effectively and his profile does not limit his abilities to perform these duties.**
6. POC is the undersigned at 608-388-7113 or e-mail @ you.r.young@us.army.mil

Signature Block of 1st 05 in Chain

<div>Army Physical Fitness Test Scorecard</div> <div>For use of this form, see FM 21-20; the proponent agency is TRADOC</div>						NAME (LAST, FIRST MIDDLE)					
						SSN				GENDER	
						UNIT					
TEST ONE			TEST TWO			TEST THREE			TEST FOUR		
DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE	DATE	GRADE	AGE
HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION		HEIGHT (IN INCHES)	BODY COMPOSITION	
	WEIGHT:	BODY FAT:		WEIGHT:	BODY FAT:		WEIGHT:	BODY FAT:		WEIGHT:	BODY FAT:
	<div><div>_____ lbs</div><div>GO / NO-GO</div><div><input type="checkbox"/> <input type="checkbox"/></div></div>	<div><div>_____ %</div><div>GO / NO-GO</div><div><input type="checkbox"/> <input type="checkbox"/></div></div>		<div><div>_____ lbs</div><div>GO / NO-GO</div><div><input type="checkbox"/> <input type="checkbox"/></div></div>	<div><div>_____ %</div><div>GO / NO-GO</div><div><input type="checkbox"/> <input type="checkbox"/></div></div>		<div><div>_____ lbs</div><div>GO / NO-GO</div><div><input type="checkbox"/> <input type="checkbox"/></div></div>	<div><div>_____ %</div><div>GO / NO-GO</div><div><input type="checkbox"/> <input type="checkbox"/></div></div>		<div><div>_____ lbs</div><div>GO / NO-GO</div><div><input type="checkbox"/> <input type="checkbox"/></div></div>	<div><div>_____ %</div><div>GO / NO-GO</div><div><input type="checkbox"/> <input type="checkbox"/></div></div>
PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS	PU RAW SCORE	INITIALS	POINTS
SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS	SU RAW SCORE	INITIALS	POINTS
2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS	2MR RAW SCORE	INITIALS	POINTS
ALTERNATE AEROBIC EVENT EVENT _____		TOTAL POINTS	ALTERNATE AEROBIC EVENT EVENT _____		TOTAL POINTS	ALTERNATE AEROBIC EVENT EVENT _____		TOTAL POINTS	ALTERNATE AEROBIC EVENT EVENT _____		TOTAL POINTS
TIME _____ GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			TIME _____ GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			TIME _____ GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			TIME _____ GO <input type="checkbox"/> NO-GO <input type="checkbox"/>		
NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE		
COMMENTS			COMMENTS			COMMENTS			COMMENTS		
SPECIAL INSTRUCTION: USE INK						Data Required by the Privacy Act of 1974					
LEGEND: PU - PUSHUPS 2MR - 2 MILE RUN SU - SIT UPS APFT - ARMY PHYSICAL FITNESS TEST						Title DA form 705 Authority 5 USC Section 301 Disclosure of requested information is mandatory. Individuals not providing information cannot be rated/scored. The principal purpose and routine use of this information are to maintain a record of individual scores on physical fitness events.					

DA FORM 705

NEEDED ONLY

IF APPLYING

FOR APFT

WAIVER

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: (Description in lay terminology) <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?		2. CODES (Table 7-2 AR 40-501)		3. Temporary Permanent		P	U	L	H	E	S
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PROFILE TYPE						YES	NO				
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Limited to 3 months duration)						<input type="checkbox"/>	<input type="checkbox"/>				
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)						<input type="checkbox"/>	<input type="checkbox"/>				
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? (IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)						Needs MMRB	Needs MEB/FEB				
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)											
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON						<input type="checkbox"/>	<input type="checkbox"/>				
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)						<input type="checkbox"/>	<input type="checkbox"/>				
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT						<input type="checkbox"/>	<input type="checkbox"/>				
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.)						<input type="checkbox"/>	<input type="checkbox"/>				
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE						<input type="checkbox"/>	<input type="checkbox"/>				
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?						<input type="checkbox"/>	<input type="checkbox"/>				
6. APFT		YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)		YES	NO				
2 MILE RUN		<input type="checkbox"/>	<input type="checkbox"/>	APFT WALK		N/A	<input type="checkbox"/>				
APFT SIT-UPS		<input type="checkbox"/>	<input type="checkbox"/>	APFT SWIM		N/A	<input type="checkbox"/>				
APFT PUSH UPS		<input type="checkbox"/>	<input type="checkbox"/>	APFT BIKE		N/A	<input type="checkbox"/>				
7. STANDARD <u>OR</u> MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)											
UNLIMITED RUNNING		<input type="checkbox"/>	<input type="checkbox"/>	OR RUN AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
UNLIMITED WALKING		<input type="checkbox"/>	<input type="checkbox"/>	OR WALK AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
UNLIMITED BIKING		<input type="checkbox"/>	<input type="checkbox"/>	OR BIKE AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
UNLIMITED SWIMMING		<input type="checkbox"/>	<input type="checkbox"/>	OR SWIM AT OWN PACE & DISTANCE		<input type="checkbox"/>	<input type="checkbox"/>				
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)		<input type="checkbox"/>	<input type="checkbox"/>	9. LOWER BODY WEIGHT TRAINING (See FM 21-20)		<input type="checkbox"/>	<input type="checkbox"/>				
10. OTHER: e.g. Functional limitations and capabilities and other comments: (May continue on page 2)				11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED Lifting or carrying max weight _____ or _____ distance _____ Running maximum distance _____ Prolonged standing - maximum time per episode _____ Marching with standard field gear except rucksack max distance _____ Impact activities such as jumping max # reps in one day _____							
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____											
12. TYPE NAME & GRADE OF PROFILING OFFICER				13. SIGNATURE		14. DATE (YYYYMMDD)					
15. ACTION BY APPROVING AUTHORITY				APPROVED		NOT APPROVED					
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY				17. SIGNATURE		18. DATE (YYYYMMDD)					
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)						YES	NO				
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT						<input type="checkbox"/>	<input type="checkbox"/>				
20. COMMENT											
If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c											
21. TYPE NAME & GRADE OF UNIT COMMANDER				22. SIGNATURE		23. DATE (YYYYMMDD)					
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)				25. UNIT							
				26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER							
				PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.							

OFFICIAL
DA PHOTO

RESUME

NAME: **WHO**, You Are
RANK: Staff Sergeant
SSN: 000-00-0000

ADDRESS: 789 LaDon Street
Haughton, LA 71037
318-452-8654
you.are@us.army.mil

UNIT: HHC 4th Brigade (OSUT)
300 Miller Road
Shreveport, LA 71111
318-452-1111
you.are@us.army.mil

OBJECTIVE: To obtain an appointment as a Warrant Officer, USAR, in MOS 153A, Rotary Wing Aviator

CIVILIAN EDUCATION: **(This should agree with Block 21 of the DA Form 61 and DA Fm 2-1 item)**

6 credit hours towards Masters degree in Human Resources, University of Phoenix (online), Phoenix, AZ; Bachelor of Science, University of Maryland, College Park, MD **graduated cum laude 4.0 GPA**; Associate of Arts, Central Texas College, Killeen, TX, **Deans List 2 semesters**; Diploma, Orchard View High School, Muskegon, MI

MILITARY EDUCATION:

List in order from most recent to earliest training attended/completed.

Jan 00 –Mar 00
Administrative Specialist
U.S. Army Training Center
Fort Jackson

Advanced Individual Training, Honor graduate. Course focused on teaching skills in typing, filing and preparing military correspondence.

MILITARY EXPERIENCE

List ALL military assignments

Mar 05 – Present
Admin Clerk
34th LSO
Dallas, TX

Responsible for posting information from several sources on enlisted and officer personnel records; examined records for accuracy and completeness and initiated actions to correct deficiencies.

SUMMARY: (Should be on a separate sheet of paper, in case you have to make corrections.

Write a paragraph or two explaining why you are fully qualified to perform the duties of a warrant officer in your skill. This is a very important part of the resume. Make this a call to action, but do so without turning off the reader. Include in **bold** type all of your **significant accomplishments/achievements (below-the-zone promotions, impact awards, noteworthy distinctions, deployments, challenging assignments, unique skills in MOS, standards exceeded on a significant inspection/evaluation, etc)** mentioned earlier and explain how you are exceptionally qualified and have the leadership, management and technical skills needed to become a WO. Answer this question: **What have you done or accomplished that set you apart from your peers?** (Additionally, aviator applicants should include why they want to be an Aviator).

(Signature)

FIRST, MIDDLE I, LAST NAME

Date

NOTE:

- Uses plain white paper, black ink and a 12 point standard font such as Arial or Times New Roman.
- Don't go through a big expense. Prepare the resume yourself, but do a quality job.
- If you are non-Army, the resume takes on increased importance in conveying your qualifications to become an Army Warrant Officer.

DA FORM 2A

AND

DA FORM 2-1 OR (ERB)

**UPDATED, SIGNED AND DATED
RELEVANT INFORMATION SHOULD MATCH
EACH OTHER AND NCOERS**

**COMPLETE FORMS ACCORDING TO
AR 600-8-104**



DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR: Chief, Army Reserve, Retention Transition Division (DAAR-RT),
1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Missing NCOER's

1. Please accept my apology for the missing NOCERs. I have been unsuccessful in obtaining a copy of my NCOER from the 880th Training Brigade for the rating period 198912 thru 199009. I have exhausted all available sources to get my missing NCOER. I was mobilized to Fort Carson, CO from 199010 thru 199104 and the NCOER was not completed at the end of my mobilization. I have exhausted all available sources to get my missing NCOER. During the period 200401 thru 200409 I was assigned to the Control Group which is non-rated time. **(Give a reason for why no NCOER was issued).**

2. Please continue to consider my packet for warrant officer candidacy.

(Signature)
JOHN R. DOE
SFC, USAR
000-00-0000

**PROVIDE ALL NCOER'S
DA FORM 2166-8**

**CIVILIAN WORK
APPRAISALS IF THEY
APPLY TO WOMOS**

**OTHER SERVICE NCO
EVALUATIONS**

+ NCO EVALUATION REPORT For use of this form, see AR 623-3 ; the proponent agency is DCS, G-1.					FOR OFFICIAL USE ONLY (FOUO) SEE PRIVACY ACT STATEMENT IN AR 623-3. +								
PART I - ADMINISTRATIVE DATA													
a. NAME (Last, First, Middle Initial) DOE, JOHN R.				b. SSN 000-00-0000		c. RANK SFC ()		d. DATE OF RANK 20070313		e. PMOSC 42A40			
f.1. UNIT HHD, 377TH TACOM, NEW ORLEANS, AL						f.2. STATUS CODE AGR		g. REASON FOR SUBMISSION					
h. PERIOD COVERED			i. RATED MONTHS	j. NON-RATED CODES	k. NO. OF ENCL	l. RATED NCO'S EMAIL ADDRESS (.gov or .mil) john.r.doe@usar.army.mil			m. UIC WVYAAA		n. CMD CODE 2H	o. PSB CODE K002	
FROM		THRU											
YEAR MONTH DAY		YEAR MONTH DAY											
PART II - AUTHENTICATION													
a. NAME OF RATER (Last, First, Middle Initial)				SSN		SIGNATURE				DATE (YYYYMMDD)			
RANK		PMOSC/BRANCH		ORGANIZATION		DUTY ASSIGNMENT				RATER'S AKO EMAIL ADDRESS (.gov. or .mil)			
b. NAME OF SENIOR RATER (Last, First, Middle Initial)				SSN		SIGNATURE				DATE (YYYYMMDD)			
RANK		PMOSC/BRANCH		ORGANIZATION		DUTY ASSIGNMENT				SENIOR RATER S AKO EMAIL ADDRESS (.gov. or .mil)			
c. NAME OF REVIEWER (Last, First, Middle Initial)				SSN		SIGNATURE				DATE (YYYYMMDD)			
RANK		PMOSC/BRANCH		ORGANIZATION		DUTY ASSIGNMENT				REVIEWER'S AKO EMAIL ADDRESS (.gov. or .mil)			
d. <input type="checkbox"/> CONCUR WITH RATER AND SENIOR RATER EVALUATIONS <input type="checkbox"/> NONCONCUR WITH RATER AND/OR SENIOR RATER EVAL (See attached comments)													
e. RATED NCO: I understand my signature does not constitute agreement or disagreement with the evaluations of the rater and senior rater. I further understand my signature verifies that the administrative data in Part I, the rating officials in Part II, the duty description to include the counseling dates in Part III, and the APFT and height/weight entries in Part IVc are correct. I have seen the completed report. I am aware of the appeals process of AR 623-3.						SIGNATURE				DATE (YYYYMMDD)			
PART III - DUTY DESCRIPTION (Rater)													
a. PRINCIPAL DUTY TITLE						b. DUTY MOSC							
c. DAILY DUTIES AND SCOPE (To include, as appropriate, people, equipment, facilities and dollars)													
d. AREAS OF SPECIAL EMPHASIS													
e. APPOINTED DUTIES													
f. COUNSELING DATES				INITIAL		LATER		LATER		LATER			
PART IV - ARMY VALUES/ATTRIBUTES/SKILLS/ACTIONS (Rater)													
a. ARMY VALUES. Check either "YES" or "NO". (Bullet Comments are mandatory. Substantive bullet comments are required for "NO" entries.)										YES	NO		
<div>V A L U E S Loyalty Duty Respect Selfless-Service Honor Integrity Personal Courage</div>										1. LOYALTY: Bears true faith and allegiance to the U. S. Constitution, the Army, the unit, and other Soldiers.			
										2. DUTY: Fulfills their obligations.			
										3. RESPECT/EO/EEO: Treats people as they should be treated.			
										4. SELFLESS-SERVICE: Puts the welfare of the nation, the Army, and subordinates before their own.			
										5. HONOR: Lives up to all the Army values.			
										6. INTEGRITY: Does what is right - legally and morally.			
										7. PERSONAL COURAGE: Faces fear, danger, or adversity (physical and moral).			
										Bullet comments			

RATED NCO'S NAME <i>(Last, First, Middle Initial)</i> + DOE, JOHN R.		SSN 000-00-0000	THRU DATE 	+
PART IV (Rater) - VALUES/NCO RESPONSIBILITIES <i>Bullet comments are mandatory. Substantive bullet comments are required for "EXCELLENCE" or "NEEDS IMPROVEMENT."</i> 				
b. COMPETENCE <ul style="list-style-type: none"> o Duty proficiency; MOS competency o Technical & tactical; knowledge, skills, and abilities o Sound judgment o Seeking self-improvement; always learning o Accomplishing tasks to the fullest capacity; committed to excellence <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> EXCELLENCE <i>(Exceeds std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <i>(Meets std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Some)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Much)</i> <input type="checkbox"/> </div> </div>				
c. PHYSICAL FITNESS & MILITARY BEARING <ul style="list-style-type: none"> o Mental and physical toughness o Endurance and stamina to go the distance o Displaying confidence and enthusiasm; looks like a Soldier <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> EXCELLENCE <i>(Exceeds std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <i>(Meets std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Some)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Much)</i> <input type="checkbox"/> </div> </div>		APFT _____ HEIGHT/WEIGHT _____ / _____		
d. LEADERSHIP <ul style="list-style-type: none"> o Mission first o Genuine concern for Soldiers o Instilling the spirit to achieve and win o Setting the example; Be, Know, Do <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> EXCELLENCE <i>(Exceeds std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <i>(Meets std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Some)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Much)</i> <input type="checkbox"/> </div> </div>				
e. TRAINING <ul style="list-style-type: none"> o Individual and team o Mission focused; performance oriented o Teaching Soldiers how; common tasks, duty-related skills o Sharing knowledge and experience to fight, survive and win <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> EXCELLENCE <i>(Exceeds std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <i>(Meets std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Some)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Much)</i> <input type="checkbox"/> </div> </div>				
f. RESPONSIBILITY & ACCOUNTABILITY <ul style="list-style-type: none"> o Care and maintenance of equipment/facilities o Soldier and equipment safety o Conservation of supplies and funds o Encouraging Soldiers to learn and grow o Responsible for good, bad, right & wrong <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> EXCELLENCE <i>(Exceeds std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> SUCCESS <i>(Meets std)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Some)</i> <input type="checkbox"/> </div> <div style="text-align: center;"> NEEDS IMPROVEMENT <i>(Much)</i> <input type="checkbox"/> </div> </div>				
PART V - OVERALL PERFORMANCE AND POTENTIAL				
a. RATER. Overall potential for promotion and/or service in positions of greater responsibility. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> AMONG THE BEST <input type="checkbox"/> </div> <div style="text-align: center;"> FULLY CAPABLE <input type="checkbox"/> </div> <div style="text-align: center;"> MARGINAL <input type="checkbox"/> </div> </div>		e. SENIOR RATER BULLET COMMENTS		
b. RATER. List 3 positions in which the rated NCO could best serve the Army at his/her current or next higher grade.				
c. SENIOR RATER. Overall performance		d. SENIOR RATER. Overall potential for promotion and/or service in positions of greater responsibility.		
<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> 1 2 3 4 5 Successful Fair Poor </div>		<div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;"> 1 2 3 4 5 Superior Fair Poor </div>		

SERVICE SCHOOL ACADEMIC EVALUATION REPORT <small>For use of this form, see AR 623-3; the proponent agency is DCS, G-1.</small>				DATE (YYYYMMDD)	
1. LAST NAME - FIRST NAME - MIDDLE INITIAL DOE, JOHN R		2. SSN 000-00-0000	3. GRADE SFC	4. BR	5. SPECIALTY/MOSC
6. COURSE TITLE BNCOC		7. NAME OF SCHOOL FORT JACKSON, SC			8. COMP
9. THIS IS A REFERRED REPORT, DO YOU WISH TO MAKE COMMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. DURATION OF COURSE (YYYYMMDD) From: _____ Thru: _____			
11. PERFORMANCE SUMMARY *a. <input type="checkbox"/> EXCEEDED COURSE STANDARDS <i>(Limited to 20% of class enrollment)</i> b. <input type="checkbox"/> ACHIEVED COURSE STANDARDS *c. <input type="checkbox"/> marginally achieved course standards *d. <input type="checkbox"/> FAILED TO ACHIEVE COURSE STANDARDS <i>*Rating must be supported by comments in ITEM 14.</i>		12. DEMONSTRATED ABILITIES a. WRITTEN COMMUNICATION <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR b. ORAL COMMUNICATION <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR c. LEADERSHIP SKILLS <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR d. CONTRIBUTION TO GROUP WORK <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR e. EVALUATION OF STUDENT'S RESEARCH ABILITY <input type="checkbox"/> NOT EVALUATED <input type="checkbox"/> UNSAT <input type="checkbox"/> SAT <input type="checkbox"/> SUPERIOR <i>(SUPERIOR/UNSAT rating must be supported by comments in ITEM 14)</i>			
13. HAS THE STUDENT DEMONSTRATED THE ACADEMIC POTENTIAL FOR SELECTION TO HIGHER LEVEL SCHOOLING/TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <i>(A "NO" response must be supported by comments in ITEM 14)</i>					
14. COMMENTS <i>(This item is intended to obtain a word picture of each student that will accurately and completely portray academic performance, intellectual qualities, and communication skills and abilities. The narrative should also discuss broader aspects of the student's potential, leadership capabilities, moral and overall professional qualities. In particular, comments should be made if the student failed to respond to recommendations for improving academic or personal affairs.)</i>					
15. AUTHENTICATION					
a. TYPED NAME, GRADE, BRANCH, AND TITLE OF RATER			DATE (YYYYMMDD)	SIGNATURE	
b. TYPED NAME, GRADE, BRANCH, AND TITLE OF REVIEWING OFFICER			DATE (YYYYMMDD)	SIGNATURE	
c. DATE (YYYYMMDD)		SIGNATURE OF RATED SOLDIER			

**PROVIDE ALL
DA FORM 1059'S**

SECURITY CLEARANCE VERIFICATION

JCAVS PERSON SUMMARY

**To include SMS security screen if the soldier has
an Interim Clearance**

? Person Summary

DOE, JOHN PAUL**Person Category**

Reserve - Enlisted (USAR)

SSN:**Open Investigation:** N/A**PSQ Sent Date:** N/A**Attestation Date:** 2003 12 18**Incident Report:** N/A**SF 713 Fin Consent Date:** N/A**SF 714 Fin Disclosure
Date:** N/A**Polygraph:** N/A**Foreign Relation:** N/A**Date of Birth:** 1972 10 20**Marital Status:** N/A**Place of Birth:** Washington**Citizenship:** U.S. Citizen**NdA Signed:** Yes**NdS Signed:** Yes

Accesses

Category	US Access	PSP	Suitability and Trustworthiness	SCI
Reserve - Enlisted (USAR)	Top Secret	No	IT: N/A Public Trust: N/A Child Care: N/A	Yes

Person Category Information

Category Classification: N/A**Organization:** WYGEBO, COL EDITH M NUTTELL USAR, 921 S 4TH AVE SW, TUMWATER, WA, 985128403**Organization Status:** N/A**Occupation Code:** N/A**Separation Date:** N/A

I CORPS SSO, FT LEWIS, WA, Level 3, 253-968-9132/4, - I Corps SSO,

SCI SMO: , NIPR: , SIPR: , JWICS:**Non-SCI SMO:** 373 MI BN, MIRC-W, Level 6, (253) 966-8583, Security Manager: mary.jane@us.army.mil .**Servicing SMO:** Yes**Office Symbol:** N/A**Position Code:** N/A**Arrival Date:** N/A**Office Phone Comm:** N/A**Separation Status:** N/A**Interim:** N/A**Grade:** E7**PS:** N/A**RNLTD:** N/A**Office Phone DSN:** N/A**TAFMSD:** N/A**Proj. Departure Date:** N/A**Proj. UIC/RUC/PASCODE:** N/A[Report Incident](#)[In/Out Process](#)

Investigation Summary

SBPR from UnKnown, Opened: 2002 02 12 Closed 2003 06 27

SSBI from UnKnown, Opened: Closed 1993 03 09

Adjudication Summary

PSI Adjudication of SBPR UnKnown, Opened 2002 02 12, Closed 2003 06 27, determined Eligibility of SCI - DCID 6/4 on 2004 05 04 ArmyCCF

PSI Adjudication of SSBI UnKnown, Opened , Closed 1993 03 09, determined Eligibility of SCI - DCID 6/4 on 1993 04 14 ArmyCCF

External Interfaces

[Perform SII Search](#)

[DCII](#)

Notice: Under the Privacy Act of 1974, you must safeguard personnel information retrieved through this system. Disclosure of information is governed by Title 5, United States Code, Section 552a Public Law 93-579, DoDD 5400.11, DoDR 5400.11-R and the applicable service directives.

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR
UNDER THE PROVISIONS OF AR 135-100, OR 135-101, AS APPLICABLE
- INDIVIDUALS WITHOUT PRIOR SERVICE -**

For use of this form, see AR 135-100; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 651, 10 USC 270.

PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the 8-year statutory obligation.

ROUTINE USES: Information is used to establish and record the obligation incurred by the officer. The SSN is used to identify the member.

DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with the application for appointment as a commissioned or warrant officer in the USAR by all interested applicants without prior service.

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 *, there are certain service obligations that you will incur if a commission is offered and you accept. The are explained in detail below. This information should be carefully studied prior to acknowledgement. This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the service requirements contained herein. Copies of this form with your signature will become part of your Official File if you are selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements:

1. I will incur a statutory military service obligation of 8 years commencing with the effective date of appointment.
2. Appointment under this program requires that I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect, or which may hereafter be placed into effect by proper authority.
3. I will enter on active duty for the period stipulated in my application or such lesser period as determined by the Department of the Army and upon completion of active duty I will be required to participate in the Army Reserve as follows:
 - a. If I am mandatorily assigned or voluntarily join a Reserve unit I will be required to attend all scheduled unit training assemblies *(at least 48 per year)* unless excused by proper authority.
 - b. As a member of a unit, I may be required to satisfactorily complete a period of annual active duty for training of not less than 14 days per year exclusive of travel time.
 - c. If I am not assigned to a unit, I will be assigned to the Individual Ready Reserve (IRR), and while so assigned I may be required to perform not more than 30 days active duty for training annually.
 - d. While a member of the IRR, I may be subject to assignment or reassignment to a unit.
 - e. For as long as I hold this appointment I am responsible for notifying my unit or IRR commander of the mailing address at which I will receive official orders and/or correspondence. It is also my responsibility to apply to and/or comply

**Enter applicable regulation that appointment is being tendered under AR 135-100, or AR 135-101.*

with all official orders and correspondence which I may receive. I understand that failure to notify my commander of an address where I can be reached or to comply with all official orders and correspondence could result in my being considered for elimination.

4. That as a Reserve Officer of the Army, I can become an officer of the Army National Guard of the United States if I am appointed and Federally recognized in the Army National Guard of a State, Puerto Rico, or the District of Columbia. I understand further that satisfactory service as a commissioned officer of the Army National Guard of the United States constitutes service in the Ready Reserve; accordingly, if Ready Reserve service in an appropriate activity of the United States Army Reserve is not available to me, I agree to accept appointment in the Army National Guard of a state *(including the District of Columbia and Puerto Rico)* in which I am residing, if tendered and to complete my Ready Reserve service as an officer of the Army National Guard of the United States.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve I may at any time be ordered to active duty involuntarily as an individual or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other condition authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned, having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve, acknowledge that all of the conditions of said appointment are understood and acceptable.

TYPED NAME OF APPLICANT <i>(Last - First - Middle Initial)</i>	SOCIAL SECURITY NUMBER
DOE, JOHN R.	000-00-0000
SIGNATURE	DATE
	1 October 2008

**CERTIFICATE OF ACKNOWLEDGEMENT AND UNDERSTANDING OF SERVICE REQUIREMENTS
FOR INDIVIDUALS APPLYING FOR APPOINTMENT IN THE USAR UNDER THE PROVISIONS OF
AR 135-100, OR AR 135-101, AS APPLICABLE - INDIVIDUALS WITHOUT A STATUTORY SERVICE OBLIGATION**
For use of this form, see AR 135-100; proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC 270.

PRINCIPAL PURPOSE: Used together with application for appointment to insure individual understanding of the service requirements.

ROUTINE USES: Information is used to establish and record the contractual service obligation incurred by the officer. The SSN is used to identify the member.

DISCLOSURE: Disclosure of your Social Security Number is voluntary. However, failure to disclose your SSN may be cause for denying your application for appointment.

INSTRUCTIONS: *This Certificate of Acknowledgement and Understanding of Service Requirements will be executed and submitted in 3 copies with application for appointment as a commissioned or warrant officer in the USAR by all interested applicants who do not have a statutory service obligation.*

In connection with your application for appointment as a commissioned or warrant officer in the Army Reserve under the provisions of AR 135-100 * there are certain service obligations that you will incur if a commission is offered and you accept. (Applicable AR) They are explained in detail below. Individuals discharged prior to completing their statutory obligation incur a contractual obligation upon service reentry and are required to serve the number of years, months and days that were not served in their previous statutory obligation. This information should be carefully studied prior to acknowledgement.

This form with your signature will be submitted with your request for appointment and indicates that you understand and accept all of the contractual service requirements contained herein. Copies of this form with your signature will become part of your Official File if selected for appointment.

CERTIFICATION

If I accept an appointment as a commissioned or warrant officer in the US Army Reserve, I understand and agree to comply with the following service requirements for the entire period that I hold a USAR appointment. If an AMEDD volunteer, I agree to fulfill my contractual obligation under my active duty commitment. When I am released from active duty as an AMEDD officer, I will comply with the following USAR service requirements should a contractual obligation remain.

1. I agree to participate satisfactorily in the Army Reserve during the entire period that I am a commissioned or warrant officer in accordance with the rules and regulations now in effect or which may hereafter be placed into effect by proper authority.
2. I will enter on active duty or active duty for training when ordered by competent authority. Upon completion of active duty or active duty for training, I will participate in the Army Reserve as follows:
 - a. As a member of a Reserve Unit, I will attend all scheduled unit training assemblies *(at least 48 per year)* unless excused by proper authority.
 - b. As a member of a unit, I will satisfactorily complete one period of annual active duty for training of not less than 14 days per year exclusive of travel time.
 - c. If I am not assigned to a unit, I will be assigned to the individual Ready Reserve *(IRR)* and while so assigned, if so ordered by competent authority, will perform not more that 30 days active duty for training annually.
 - d. I will keep my commander advised of my current mailing address at which I will receive official correspondence.
 - e. I will reply to, and comply with all official orders and correspondence which I may receive.

During the time that I am a commissioned or warrant officer and a member of the Ready Reserve, I may at any time be ordered to active duty involuntarily as an individual, or as a member of a unit in the event of war or emergency declared by Congress, or the President of the United States, or under any other conditions authorized by law in effect at the time of my appointment, or which may hereafter be enacted into law.

I, the undersigned having voluntarily elected to apply for appointment as a commissioned or warrant officer of the United States Army Reserve acknowledge that all of the conditions of said appointment are understood and acceptable.

DATE <p style="text-align: center;">1 October 2008</p>	SOCIAL SECURITY NUMBER <p style="text-align: center;">000-00-0000</p>
NAME <small>(Typed) (Last, First, MI)</small> <p>DOE, JOHN R.</p>	SIGNATURE

**Enter applicable regulation that appointment is being tendered under (AR 135-100, or AR 135-101)*



DEPARTMENT OF THE ARMY
103RD CS COMMAND, HHC SUST (EXP0
225 E. ARMY POST ROAD
DES MOINES, IOWA 50315-5899

REPLY TO
ATTENTION OF

Office Symbol

1 October 2008

MEMORANDUM FOR: Chief, Army Reserve, Retention Transition Division (DAAR-RT),
1401 Deshler Street, SW, Ft. McPherson, GA 30330-2000

SUBJECT: Statement of Understanding for Appointment as a Warrant Officer

1. I understand that if I am appointed as a Warrant Officer in the Reserve of the Army with concurrent call to Active duty, that this appointment is contingent upon technical and tactical certification by successful completion of the Warrant Officer Basic Course (WOBC) unless I have been pre-certified by the Warrant Officer MOS Proponent.
2. I further understand that if I am appointed as a Warrant Officer in the Reserve of the Army without concurrent call to Active Duty, that this appointment is contingent upon technical and tactical certification by successful completion of the appropriate Warrant Officer Basic Course (WOBC) within two years of appointment unless I have been pre-certified by the Warrant Officer MOS Proponent or unless extended by HQDA.
3. I also understand that if I am eliminated from or fail to successfully complete the technical and tactical certification as specified above I may be subject to discharge under regulations in effect at that time from the Reserve of the Army.

JOHN R. DOE
SFC, USAR
000-00-0000

SAMPLE

**DD FORM 2808
REPORT OF MEDICAL EXAMINATION
MUST HAVE THIS STAMP
AND EACH PAGE MUST
BE A “CERTIFIED TRUE COPY**

**DEPT OF THE ARMY
ARMY AEROMEDICAL CENTER**

03 JAN 2009

A 0002347904

**QUALIFIED
CLASS 1W FLYING DUTY**

REPORT OF MEDICAL HISTORY (This information is for official and medically confidential use only and will not be released to unauthorized persons.)		OMB No. 0704-0413 OMB approval expires Mar 31, 2010																																																																																																																																																																																																															
The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services Directorate (0704-0413). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.																																																																																																																																																																																																																	
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AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397 (SSAN). PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.																																																																																																																																																																																																																	
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) TILLEY, Gary James	2. SOCIAL SECURITY NUMBER 111-22-3333	3. TODAY'S DATE (YYYYMMDD) 20090103																																																																																																																																																																																																															
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code) 123 Anywhere Drive Chicago, Ill 60601	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code) Chicago Meps 123 Wabash Road Chicago Ill 606003																																																																																																																																																																																																																
b. HOME TELEPHONE (Include Area Code) (312) 222-4545																																																																																																																																																																																																																	
X ALL APPLICABLE BOXES:		7.a. POSITION (Title, Grade, Component) MSG, Army Reserve																																																																																																																																																																																																															
6.a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program																																																																																																																																																																																																															
8. CURRENT MEDICATIONS (Prescription and Over-the-counter) None		9. ALLERGIES (Including insect bites/stings, foods, medicine or other substance) None																																																																																																																																																																																																															
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HAVE YOU EVER HAD OR DO YOU NOW HAVE:		12. (Continued)																																																																																																																																																																																																															
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Wheezing or problems with wheezing</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">h. Been prescribed or used an inhaler</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">i. A chronic cough or cough at night</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">j. Sinusitis</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">k. Hay fever</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">l. Chronic or frequent colds</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">11.a. Severe tooth or gum trouble</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">b. Thyroid trouble or goiter</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">c. Eye disorder or trouble</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">d. Ear, nose, or throat trouble</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">e. Loss of vision in either eye</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">f. Worn contact lenses or glasses</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">g. A hearing loss or wear a hearing aid</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">h. Surgery to correct vision (RK, PRK, LASIK, etc.)</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">12.a. 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Currently in good health (If no, explain in Item 29 on Page 2.)</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td colspan="2">d. Tumor, growth, cyst, or cancer</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	YES	NO	12. (Continued)		<input type="radio"/>	<input type="radio"/>	f. Foot trouble (e.g., pain, corns, bunions, etc.)		<input type="radio"/>	<input type="radio"/>	g. Impaired use of arms, legs, hands, or feet		<input type="radio"/>	<input type="radio"/>	h. Swollen or painful joint(s)		<input type="radio"/>	<input type="radio"/>	i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)		<input type="radio"/>	<input type="radio"/>	j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint		<input type="radio"/>	<input type="radio"/>	k. 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h. Been prescribed or used an inhaler																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
i. A chronic cough or cough at night																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
j. Sinusitis																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
k. Hay fever																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
l. Chronic or frequent colds																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
11.a. Severe tooth or gum trouble																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
b. Thyroid trouble or goiter																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
c. Eye disorder or trouble																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
d. Ear, nose, or throat trouble																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
e. Loss of vision in either eye																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
f. Worn contact lenses or glasses																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
g. A hearing loss or wear a hearing aid																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
h. Surgery to correct vision (RK, PRK, LASIK, etc.)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
b. Arthritis, rheumatism, or bursitis																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
c. Recurrent back pain or any back problem																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
d. Numbness or tingling																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
e. Loss of finger or toe																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
YES	NO																																																																																																																																																																																																																
12. (Continued)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
f. Foot trouble (e.g., pain, corns, bunions, etc.)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
g. Impaired use of arms, legs, hands, or feet																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
h. Swollen or painful joint(s)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
l. Bone, joint, or other deformity																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
m. Plate(s), screw(s), rod(s) or pin(s) in any bone																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
n. Broken bone(s) (cracked or fractured)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
13.a. Frequent indigestion or heartburn																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
b. Stomach, liver, intestinal trouble, or ulcer																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
c. Gall bladder trouble or gallstones																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
d. Jaundice or hepatitis (liver disease)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
e. Rupture/hernia																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
f. Rectal disease, hemorrhoids or blood from the rectum																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
h. Frequent or painful urination																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
i. High or low blood sugar																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
j. Kidney stone or blood in urine																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
k. Sugar or protein in urine																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
14.a. Adverse reaction to serum, food, insect stings or medicine																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
b. Recent unexplained gain or loss of weight																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
c. Currently in good health (If no, explain in Item 29 on Page 2.)																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																
d. Tumor, growth, cyst, or cancer																																																																																																																																																																																																																	
<input type="radio"/>	<input type="radio"/>																																																																																																																																																																																																																

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER	
TILLEY, Gary James		111-22-3333	
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.			
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES	NO
15.a. Dizziness or fainting spells	<input type="radio"/> YES <input type="radio"/> NO	19. Have you been refused employment or been unable to hold a job or stay in school because of: a. Sensitivity to chemicals, dust, sunlight, etc. <input type="radio"/> YES <input type="radio"/> NO b. Inability to perform certain motions <input type="radio"/> YES <input type="radio"/> NO c. Inability to stand, sit, kneel, lie down, etc. <input type="radio"/> YES <input type="radio"/> NO d. Other medical reasons (If yes, give reasons.) <input type="radio"/> YES <input type="radio"/> NO 20. Have you ever been treated in an Emergency Room? (If yes, for what?) <input type="radio"/> YES <input type="radio"/> NO 21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) <input type="radio"/> YES <input type="radio"/> NO 22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.) <input type="radio"/> YES <input type="radio"/> NO 23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.) <input type="radio"/> YES <input type="radio"/> NO 24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.) <input type="radio"/> YES <input type="radio"/> NO 25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.) <input type="radio"/> YES <input type="radio"/> NO 26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.) <input type="radio"/> YES <input type="radio"/> NO 27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.) <input type="radio"/> YES <input type="radio"/> NO 28. Have you ever been denied life insurance? <input type="radio"/> YES <input type="radio"/> NO	
b. Frequent or severe headache	<input type="radio"/> YES <input type="radio"/> NO		
c. A head injury, memory loss or amnesia	<input type="radio"/> YES <input type="radio"/> NO		
d. Paralysis	<input type="radio"/> YES <input type="radio"/> NO		
e. Seizures, convulsions, epilepsy or fits	<input type="radio"/> YES <input type="radio"/> NO		
f. Car, train, sea, or air sickness	<input type="radio"/> YES <input type="radio"/> NO		
g. A period of unconsciousness or concussion	<input type="radio"/> YES <input type="radio"/> NO		
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/> YES <input type="radio"/> NO		
16.a. Rheumatic fever	<input type="radio"/> YES <input type="radio"/> NO	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)	
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/> YES <input type="radio"/> NO		
c. Pain or pressure in the chest	<input type="radio"/> YES <input type="radio"/> NO		
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/> YES <input type="radio"/> NO		
e. Heart trouble or murmur	<input type="radio"/> YES <input type="radio"/> NO		
f. High or low blood pressure	<input type="radio"/> YES <input type="radio"/> NO		
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/> YES <input type="radio"/> NO		
b. Habitual stammering or stuttering	<input type="radio"/> YES <input type="radio"/> NO		
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/> YES <input type="radio"/> NO	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)	
d. Frequent trouble sleeping	<input type="radio"/> YES <input type="radio"/> NO		
e. Received counseling of any type	<input type="radio"/> YES <input type="radio"/> NO		
f. Depression or excessive worry	<input type="radio"/> YES <input type="radio"/> NO		
g. Been evaluated or treated for a mental condition	<input type="radio"/> YES <input type="radio"/> NO		
h. Attempted suicide	<input type="radio"/> YES <input type="radio"/> NO		
i. Used illegal drugs or abused prescription drugs	<input type="radio"/> YES <input type="radio"/> NO		
18. FEMALES ONLY. Have you ever had or do you now have:			
a. Treatment for a gynecological (female) disorder	<input type="radio"/> YES <input type="radio"/> NO	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)	
b. A change of menstrual pattern	<input type="radio"/> YES <input type="radio"/> NO		
c. Any abnormal PAP smears	<input type="radio"/> YES <input type="radio"/> NO		
d. First day of last menstrual period (YYYYMMDD)			
e. Date of last PAP smear (YYYYMMDD)			

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		SOCIAL SECURITY NUMBER	
TILLEY, Gary James		111-22-3333	
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i>			
a. COMMENTS			
b. TYPED OR PRINTED NAME OF EXAMINER <i>(Last, First, Middle Initial)</i>		c. SIGNATURE	d. DATE SIGNED <i>(YYYYMMDD)</i>

REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD) 20090103		2. SOCIAL SECURITY NUMBER 111-22-3333	
PRIVACY ACT STATEMENT							
AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397. PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.							
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) TILLEY, Gary James				4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code) 123 Anywhere Drive Chicago, Ill 60601		5. HOME TELEPHONE NUMBER (Include Area Code) (312) 222-4545	
6. GRADE E-5	7. DATE OF BIRTH (YYYYMMDD) 19760404	8. AGE 33	9. SEX <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	10. a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White		b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Not Hispanic/Latino	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY 10 b. CIVILIAN		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CODE B Co. 174th Eng. BN. Ft. Sheridan, Ill 606032		
14. a. RATING OR SPECIALTY (Aviators Only)				b. TOTAL FLYING TIME		c. LAST SIX MONTHS	
15. a. SERVICE <input checked="" type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input checked="" type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input checked="" type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) Chicago MEPS 123 Wabash Road Chicago, Ill 60603	
CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)							
				Nor- mal	Ab- norm	NE	
17. Head, face, neck, and scalp							
18. Nose							
19. Sinuses							
20. Mouth and throat							
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)							
22. Drums (Perforation)							
23. Eyes - General (Visual acuity and refraction under items 61 - 63)							
24. Ophthalmoscopic							
25. Pupils (Equality and reaction)							
26. Ocular motility (Associated parallel movements, nystagmus)							
27. Heart (Thrust, size, rhythm, sounds)							
28. Lungs and chest (Include breasts)							
29. Vascular system (Varicosities, etc.)							
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)							
31. Abdomen and viscera (Include hernia)							
32. External genitalia (Genitourinary)							
33. Upper extremities							
34. Lower extremities (Except feet)							
35. Feet (See Item 35 Continued)							
36. Spine, other musculoskeletal							
37. Identifying body marks, scars, tattoos							
38. Skin, lymphatics							
39. Neurologic							
40. Psychiatric (Specify any personality deviation)							
41. Pelvic (Females only)							
42. Endocrine							
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class _____				44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)			
				35. FEET (Continued) (Circle category) Normal Arch Mild Asymptomatic Pes Cavus Moderate Pes Planus Severe Symptomatic			

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) TILLEY, Gary James										SOCIAL SECURITY NUMBER 111-22-3333																					
LABORATORY FINDINGS																															
45. URINALYSIS					a. Albumin					46. URINE HCG					47. H/H					48. BLOOD TYPE											
					b. Sugar																										
TESTS					RESULTS										HIV SPECIMEN ID LABEL					DRUG TEST SPECIMEN ID LABEL											
49. HIV																															
50. DRUGS																															
51. ALCOHOL																															
52. OTHER																															
a. PAP SMEAR																															
b.																															
c.																															
MEASUREMENTS AND OTHER FINDINGS																															
53. HEIGHT				54. WEIGHT lbs.				55. MIN WGT - MAX WGT				MAX BF %				56. TEMPERATURE				57. PULSE											
58. BLOOD PRESSURE								59. RED/GREEN (Army Only)								60. OTHER VISION TEST															
a. 1ST		b. 2ND		c. 3RD																											
SYS.		SYS.		SYS.																											
DIAS.		DIAS.		DIAS.																											
61. DISTANT VISION								62. REFRACTION BY AUTOREFRACTION OR MANIFEST								63. NEAR VISION															
Right 20/				Corr. to 20/				By				S.				CX				Right 20/				Corr. to 20/				by			
Left 20/				Corr. to 20/				By				S.				CX				Left 20/				Corr. to 20/				by			
64. HETEROPHORIA (Specify distance)																															
ES °				EX °				R.H.				L.H.				Prism div.				Prism Conv CT				NPR				PD			
65. ACCOMMODATION								66. COLOR VISION (Test used and result)								67. DEPTH PERCEPTION (Test used and score) AFVT															
Right				Left				PIP				/14				Uncorrected				Corrected											
68. FIELD OF VISION								69. NIGHT VISION (Test used and score)								70. INTRAOCULAR TENSION															
																O.D.				O.S.											
71a. AUDIOMETER				Unit Serial Number												71b. Unit Serial Number				72a. READING ALOUD TEST											
Date Calibrated (YYYYMMDD)																Date Calibrated (YYYYMMDD)															
HZ		500		1000		2000		3000		4000		6000		HZ		500		1000		2000		3000		4000		6000		SAT		UNSAT	
Right														Right														SAT		UNSAT	
Left														Left														SAT		UNSAT	
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																															

LAB WORK

HEARING TEST

EKG

FROM PHYSICAL

Statement of acknowledgment for accommodation of religious practices

Department of Defense policy is to accommodate religious practices when accommodations will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline.

The Army places a high value on the rights of its members to observe the tenets of their respective religion.

Unit commanders are authorized to initially approve or deny request for accommodations religious practices. Conditions of accommodation may change based on military need.

Policy guidelines are contained in AR 600-20 and AR 165-20.

I understand that the Army cannot guarantee accommodation of religious practices.

(Signature)
JOHN R. DOE
1 October 2008

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC .

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) DOE, JOHN R.	Rank/Grade SFC/E-7	Social Security No. 000-00-0000	Date of Counseling 1 October 2008
Organization Region 8, RTO, Ft Snelling, MN 55111		Name and Title of Counselor SFC MARILYN KNIGHTEN, OANCO	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

WARRANT OFFICER ACCESSION BONUS

PART III - SUMMARY OF COUNSELING**Complete this section during or immediately subsequent to counseling.****Key Points of Discussion:**

I, _____, have been counseled on the Warrant Officer Accession Bonus and understand the eligibility requirements to receive this incentive per message HQDA, DAPE-MPA, 260353Z.

_____ I elect to receive the Warrant Officer Accession Bonus in the WOMOS of _____.

_____ I decline the Warrant Officer Accession Bonus.

_____ I understand the WOMOS which I am applying does not offer a bonus.

_____ I understand Military Technician's do not qualify for the Warrant Officer Accession Bonus.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below))*

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual counseled: ☒ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: SFC JOHN R. DOE Date: 1 October 2008

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Signature of Counselor: SFC MARILYN KNIGHTEN, OANCO Date: 1 October 2008

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

CORRECTION

WRITTEN AGREEMENT **OFFICER ACCESSION BONUS** **ACKNOWLEDGEMENT**

In connection with my appointment as an officer and agreement to serve with the United States Army Reserve under the Selected Reserve Incentive Program. I hereby acknowledge that:

1. I meet the eligibility criteria, as follows:

- a. I agree to accept an appointment as an officer in the armed forces to serve in the Selected Reserve in a critical officer skill that is designated for bonus entitlement by the Secretary of the Army.
- b. I am not accepting an appointment as officer serving in the Selected Reserve for the purpose of qualifying for a military technician position where membership in a Reserve Component is a condition of employment (a one time temporary assignment as a military technician is excluded) or an Active Guard and Reserve (AGR) position.
- c. I am not being accessed for continuous active duty service.
- d. I possess a skill designated by the Secretary of the Army for bonus entitlement or I agree to accomplish the necessary training prescribed by the Secretary of the Army to achieve the designated skill within 36 months of appointment.
- e. I am not currently receiving financial assistance under chapters 1608, 1609, 1611, sections 2107, or 2107a of title 10, United Code, or special pay under section 302g of title 37, United States Code, and will not receive such assistance during the period of this agreement.

2. I shall incur the following obligations in connection with my agreement to accept an appointment as an officer serving in the Selected Reserve:

- a. I hereby agree to serve in the Selected Reserve for six years, the full period of this agreement.
- b. I shall serve satisfactorily, as prescribed by the appropriate regulations of the United States Army Reserve, for the complete period in the Selected Reserve of the United States Army Reserve according to my written agreement and in the critical skill in which accessed, unless excused for the convenience of the government.

3. I shall be paid an accession bonus, as follows:

- a. The bonus accrues beginning on the date this agreement is accepted by the Secretary of the Army.
- b. The total amount of the bonus payable under the agreement becomes fixed upon acceptance of this written agreement by the Secretary of the Army.
- c. I shall receive a bonus of \$10,000 paid in one lump sum upon my successful completion of OBC/WOBC.

CORRECTION

CORRECTION

4. If I fail to accept a commission or appointment as an officer, or I do not commence to participate, or I do not satisfactorily complete the service obligation incurred under this agreement for any of the reasons listed below, I understand that recoupment or entitlement to a portion of the bonus amount will be calculated in accordance with paragraph 5 below:

a. If I fail to participate satisfactorily in training or duty with the Selected Reserve including failure to maintain medical and dental readiness, during the entire period of the service obligation, unless the failure to participate satisfactorily was due to reasons beyond my control (e.g., death, injury, illness, or other impairment not the result of my own misconduct).

b. If I fail or fail to complete OBC/WOBC within 36 months of the date of appointment.

c. If I am involuntarily separated from the Selected Reserve unless as a result of unit inactivation, unit relocation, unit reorganization, or a DoD-directed reduction in the Selected Reserve force.

d. If I separate from the Selected Reserve for any reason (including enlistment or voluntary order to active duty in the active forces); other than by death, injury, illness or other impairment not the result of my own misconduct or an involuntary call-up or mobilization.

e. If I voluntarily move to a non-bonus skill unless the move is required by the Reserve Component.

f. If I fail to extend the contracted term of service for a period of authorized non-availability.

g. If I accept a military technician position where membership in a Reserve component is a condition of employment. (a one time temporary assignment as a military technician for 6 months or less is excluded) or an AGR position.

5. The amount to be recouped or reimbursed shall be computed as follows:

a. The number of months I have served satisfactorily during the term for which my bonus has been paid shall be multiplied by the monthly rate authorized by the particular bonus (calculated by dividing the total bonus amount by the number of months of service the member has agreed to serve).

b. That amount shall be subtracted from the total amount of bonus paid to date (initial and any subsequent payments).

c. If the calculation indicates overpayment to me, I shall refund that amount to the government of the United States. If the calculation indicates that I have earned more than I have been paid, I shall receive a final payment in that amount.

6. Termination from bonus entitlement and/or any refund made by me shall not affect my period of obligation to serve in the Ready Reserve.

7. If, subsequent to the acceptance of this agreement by the Secretary of the Army or his delegate, I am called or involuntarily ordered to active duty, I shall be paid, during that period of active duty, any amount of the bonus that becomes payable to me during that period of active duty.

CORRECTION

CORRECTION

UNDERSTANDING

I have read and understand each of the statements above and the statements contained in this agreement signed by me, and I understand that they are intended to constitute all promises or agreements whatsoever concerning my affiliation. No other promise, representation, or commitment has been made to me in connection with my affiliations bonus.

AUTHENTICATION

Signature of service representative and date

Signature of service member and date

Typed name and grade of witnessing officer

Signature and date

Army Reserve Retention and Transition Division

Load/Hold Vacancy Request Form

FOR OFFICIAL USE ONLY

PRIVACY ACT STATEMENT: Authority for collection of personal information and Social Security Number is 10 U.S.C. 3012. Disclosure by applicant is voluntary. Principle purpose is to access applicants into United States Army Reserve units. Routine uses: to document vacancy management actions and accessions in the United States Army Reserve. The Social Security Number is used for maintenance of records and the compiling of statistics.

Date Requested: **12 Mar 2009**

Date Completed:

REGION: **08**

ARCC SSN: **000-00-0000**

ARRC RSID: **U03F**

RRTO Representative: **SFC JOSIE DOE**

RRTO Representative Telephone: **000-000-0000**

Applicant Data

Rank/Grade: **CW2**

Name (last): **Doe**

(first): **John**

SSN: **000-00-0000**

Sex (M/F): **M**

PMOS/AOC:

ASI/SI: **O/00**

Language ID Code:

SMOS/AOC:

ASI/SI: **O/00**

Language ID Code:

AMOS/AOC:

ASI/SI: **O/00**

Language ID Code:

City (residence): **Melcher**

(state): **IA**

ZIP Code: **50163**

Unit Data

UIC: **WQZ9AA**

Unit Name: **414th Eng Det (FF)**

Priority :

Facility ID:

Unit POC: **Mr.Jonathan Doe**

Unit POC Telephone: **000-000-0000**

POC e-mail address: **jonathan.doe@usar.army.mil**

Choice ZIP: **50801-4040**

Position Data

Vacancy Control Number:

Authorized Sex (M/I/F): **I**

Override (typing, line score, etc.):

Authorized Grade: **CW3**

MOS/AOC: **420A**

ASI/SI:

Language ID Code:

Para: **101**

Line: **04**

Posn: **0035**

Type (P/A/O): **A**

Will-Train (P/N): **P**

Purpose

IRR to TPU: **Y**

IRR to IMA:

IMA to TPU:

RRC Notes

AR-RTD Notes

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC .

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) DOE, JOHN K.	Rank/Grade SFC/E7	Social Security No. 000-00-0000	Date of Counseling 02 FEBRUARY 2009
Organization 0415th REGT 1 BN Det 1, Tucson, AZ 85713		Name and Title of Counselor SFC Josie White, Special Missions NCO	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

AGR TO TPU WARRANT OFFICER SELECTION

PART III - SUMMARY OF COUNSELING**Complete this section during or immediately subsequent to counseling.****Key Points of Discussion:**

I am currently assigned, as an Enlisted Soldier, in the AGR program. I am applying for a TPU Warrant Officer position and have been advised that the Warrant Officer position in which I am applying is not a full time position.

If selected by the HQDA WO Selection Board I will submit a DA Form 4187 requesting REFRAD from my current AGR position prior to attending WOCS.

I understand that I am not authorized to attend any Warrant Officer training or accept my appointment until I have been discharged from my AGR Status.

I understand that acceptance to this position will terminate my full time employment and I will need to seek other full time employment while serving as a Warrant Officer in the assigned TPU.

I understand that I am not eligible to reapply for another AGR position as a Warrant Officer until I have completed WOBC and become MOSQ.

I understand that if I decide to reapply for the AGR program as a Warrant Officer there must be a valid position in the WOMOS in which I am applying and that no guarantees have been made to me regarding my acceptance into the AGR program.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (*other than rehabilitative transfers*), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below))*

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual counseled: ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: _____ JOHN K. DOE _____ Date: _____ 2 FEB 09 _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

Signature of Counselor: _____ JOSIE WHITE _____ Date: _____ 2 FEB 09 _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.

REQUEST FOR CONDITIONAL RELEASE*(Read Privacy Act Statement and Instructions on back before completing this form.)***SECTION I - REQUEST FOR RELEASE****1. SERVICE MEMBER DATA**

a. NAME <i>(Last, First, Middle Initial)</i> Doe, John R.	b. PAY GRADE E-6	c. SSN 000-00-0000	d. SERVICE COMPONENT Navy Reserve	
e. CURRENT UNIT/ COMMAND 145th	f. ADDRESS			
	(1) STREET 1405 Green Street	(2) CITY Atlanta	(3) STATE GA	(4) ZIP CODE 31222

2. RECRUITING OFFICE ADDRESS

a. STREET 1590 Adamson Parkway	b. CITY Morrow	c. STATE GA	d. ZIP CODE 31222
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3. ACKNOWLEDGEMENT OF SERVICE MEMBER

a. I request a conditional release to process for entrance into another component of the Military Service. If I am a member of the National Guard or Reserve, I understand that I must attend all scheduled training until such time as I am enlisted or appointed into another Service. I also understand that I am to keep my current commander informed of any change in my status.

b. OFFICER MEMBER ONLY. I hereby tender my resignation from the _____ *(losing component)*; request that it be accepted contingent upon actual appointment or enlistment in the _____ *(gaining component)*, and be effective the day preceding the date of my acceptance of appointment or enlistment.

c. ENLISTED MEMBER ONLY. I understand I will be discharged from my current status effective the day preceding the date of my enlistment or appointment.

d. MEMBER SIGNATURE	e. DATE SIGNED 081001
---------------------	--------------------------

4. RECRUITER REQUEST FOR CONDITIONAL RELEASE

a. Request conditional release to enlist/appoint member into the _____ <i>Army Reserve</i> <i>(Service/Component)</i> .		
b. NAME OF RECRUITER <i>(Last, First, Middle Initial)</i> BROWN, Joseph H.	c. SIGNATURE	d. DATE SIGNED 081001
e. TITLE Army Reserve Career Counselor		

SECTION II - APPROVAL/DISAPPROVAL**5. *(X as applicable)***

<input type="checkbox"/>	a. APPROVED. Individual is recommended and conditional release is granted. The release is valid until _____.
<input type="checkbox"/>	b. DISAPPROVED. Release is not granted. <i>(Explain in "Remarks.")</i>

6. AUTHORIZING OFFICIAL

a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE			
c. TELEPHONE NUMBER <i>(Include area code)</i>	d. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
e. SIGNATURE				f. DATE SIGNED

SECTION III - NOTIFICATION OF ENLISTMENT/APPOINTMENT ACTION

7. The member was administered the oath of enlistment or appointment into _____.
THIS FORM AND A COPY OF THE OATH MUST BE RETURNED TO THE ADDRESS IN ITEM 6.d. TO EFFECT THE MEMBER'S DISCHARGE OR WITHDRAWAL OF FEDERAL RECOGNITION.

8. CERTIFYING OFFICIAL

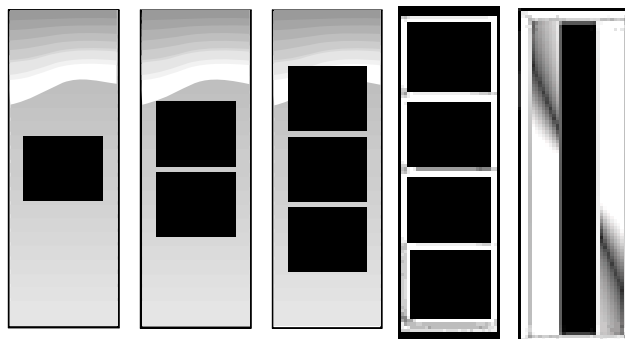
a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE	c. UNIT/COMMAND		
d. TELEPHONE NUMBER <i>(Include area code)</i>	e. ADDRESS			
	(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
f. SIGNATURE				g. DATE SIGNED

3 FEBRUARY 2009

UNITED STATES ARMY RESERVE

WARRANT OFFICER FLIGHT
APPLICATION

SAMPLE PACKET



SECTION IV - REMARKS**PRIVACY ACT STATEMENT**

AUTHORITY: Title 10 USC Sec 261, 269, 271, 512, 516, 595, 651, 716, 1005, 3013, 8013, 12105, 12106, 12107, and 12213; Title 32 USC Sec 323 and Title 50 USC App 454.

PRINCIPAL PURPOSE(S): To obtain clearance from component and discharge upon entry into another component of the Military Services.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish information will result in delay or denial of release from component.

INSTRUCTIONS**GENERAL INSTRUCTIONS.**

When this form is not computer generated, use typewriter or dark ink for all entries. Enter all dates in YYMMDD format. Use full street address, city, state and ZIP code for addresses. Use last name, first name, and middle initial format. Use short title Service/Component names: USA, ARNGUS, USAR, USN, USNR, USMC, USMCR, USAF, ANGUS, USAFR, USCG, USCGR.

SECTION I. Completed by recruiter and applicant.

Item 1. Enter applicant's name, pay grade, Social Security Number, current Service/Component, and current unit/command address.

Item 2. Enter recruiter's office address, if applicable.

Item 3. For item 3.b., complete the name of the gaining and losing components. Member signs and dates appropriate blocks.

Item 4. Recruiter, if applicable, completes 4.a. through 4.e. and sends this document to the address in Item 1.e.

SECTION II. Completed by applicant's unit commander or designated representative within 30 days of receipt.

Item 5. If block 5.a. is marked, enter the ending date of this conditional release. If block 5.b. is marked, indicate in Section IV, "Remarks," the reason for disapproval and return to the originator not later than the expiration date in Item 5.a.

Item 6. Enter name, title, signature and date for authorizing official. Indicate in Items 6.c. and d. the address and telephone number for returning completed Section III. Send completed Section II to the address in Item 2.

SECTION III. Completed by enlisting/appointing official within 10 days of enlistment or appointment.

Item 7. Indicate service to which applicant was enlisted/appointed.

Item 8. Completed by individual certifying enlistment/appointment action. Certifying official ensures a copy of the completed DD Form 368 and a copy of the oath are mailed to the address in Item 6.d.

SECTION IV - REMARKS.

Use as necessary. Reference each item on the form to which the remark pertains. (For example: "Item 5.b. Disapproved for the following reason:")